

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800000703

FILED
Jan 19, 2020
Secretary of State
2156257854CC

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION INTERNATIONAL, INC.

Current Principal Place of Business:

666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161

Current Mailing Address:

666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161 US

FEI Number: 82-4153521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUBUISSON, AMINA
666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name MARIE O. ETIENNE, DNP, ARNP, PLNC
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title DIR
Name MARIE EL HYPPOLITE, MSH, BSN, RN-BC
Address 1122 OCEAN AVENUE
City-State-Zip: BROOKLYN NY 11230

Title DIR
Name GETTIE AUDAIN, DHSC, MPH, BSN, RN, APHN-BC
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title DIR
Name AMINA DUBUISSON, MSN, MBA/HCM, LNHA, CDP, RN
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title DIR
Name YVROSE JEAN, BSN, RN, CCM
Address 889 SUNNY FIELD LN
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIR
Name BERTHILDE DUFRENE, DNP(C), MSN, BSN, CARN
Address 48 WEST HICKORY STREET
City-State-Zip: SPRING VALLEY NY 10977

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMANTHA ETIENNE

HANA OF FL, TREASURER 01/19/2020

Electronic Signature of Signing Officer/Director Detail

Date