2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005789

Entity Name: FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.

Current Principal Place of Business:

2333 BRICKEL AVE.
602
MIAMI, FL 33129

Current Mailing Address:

2333 BRICKEL AVE.
602
MIAMI, FL 33129

FEI Number: 65-0550188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOREN, ANGELICA DR.
2333 BRICKEL AVE
APT 602
MIAMI, FL 33129 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	D		Title	D
Name	DE FIALLO, GERMANIA		Name	DE ARMENTEROS, MARIA L
Address	EPS A-383, P.O. BOX 5256 N/A		Address	EPS A-383, P.O. BOX 5256 N/A
City-State-Zip:	MIAMI FL 33102		City-State-Zip:	MIAMI FL 33102
Title	D		Title	D
Name	DE PAIZ, OLGA		Name	DE FERIS, PILAR
Address	EPS A-383, P.O. BOX 5256 N/A		Address	EPS A-383, P.O. BOX 5256 N/A
City-State-Zip:	MIAMI FL 33102		City-State-Zip:	MIAMI FL 33102
Title	D		Title	D
Name	PEINADO, MARIA		Name	FLOREN, ANGELICA
Address	8250 S.W. 33 TERR		Address	2333 BRICKEL AVE APT 602
City-State-Zip:	MIAMI FL 33155		City-State-Zip:	MIAMI FL 33129

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: MARIA PEINADO   VICE PRESIDENT   02/08/2013

Electronic Signature of Signing Officer/Director Detail   Date