

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005789

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC1404865487**

**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  
Name DE FIALLO, GERMANIA  
Address EPS A-383, P.O. BOX 5256 N/A  
City-State-Zip: MIAMI FL 33102

Title D  
Name DE ARMENTEROS, MARIA L  
Address EPS A-383, P.O. BOX 5256 N/A  
City-State-Zip: MIAMI FL 33102

Title D  
Name DE PAIZ, OLGA  
Address EPS A-383, P.O. BOX 5256 N/A  
City-State-Zip: MIAMI FL 33102

Title D  
Name DE FERIS, PILAR  
Address EPS A-383, P.O. BOX 5256 N/A  
City-State-Zip: MIAMI FL 33102

Title D  
Name PEINADO, MARIA  
Address 8250 S.W. 33 TERR  
City-State-Zip: MIAMI FL 33155

Title D  
Name FLOREN, ANGELICA  
Address 2333 BRICKEL AVE APT 602  
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 M.D.**

**VICE PRESIDENT**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date