

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005487

Entity Name: CAT CAY MEDICAL CLINIC FOUNDATION, INC.**Current Principal Place of Business:**1050 LEE WAGENER BLVD 106
FT LAUDERDALE, FL 33315**Current Mailing Address:**1050 LEE WAGENER BLVD 106
FT LAUDERDALE, FL 33315 US**FEI Number:** 20-5221502**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HICKS, JEFFREY J
1040 ALFONSO AVENUE
CORAL GABLES, FL 33146 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:** JEFFREY J. HICKS

04/23/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HICKS, JEFFREY J
Address	1040 ALFONSO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	HUTTON, KEVIN DR.
Address	312 SOUTH CEDROS AVENUE 322
City-State-Zip:	SOLANA BEACH CA 92075-1981

Title	SECRETARY
Name	FREELAND, JORGE
Address	8901 HAMMOCK LAKE COURT
City-State-Zip:	CORAL GABLES FL 33156

Title	DIRECTOR
Name	HIGGS, ROCHELLE
Address	1050 LEE WAGENER BLVD. 106
City-State-Zip:	FT. LAUDERDALE FL 33315

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: JEFFREY J. HICKS

PRESIDENT

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date