## 2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005487

Entity Name: CAT CAY MEDICAL CLINIC FOUNDATION, INC.

**FILED** Mar 18, 2014 **Secretary of State** CC4890189066

## **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 03/18/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

HICKS, JEFFREY J Name FREELAND, JORGE Name

8901 HAMMOCK LAKE COURT 1040 ALFONSO AVENUE Address Address

City-State-Zip: CORAL GABLES FL 33156 CORAL GABLES FL 33146 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name HIGGS, ROCHELLE Name HUTTON, KEVIN DR.

312 SOUTH CEDROS AVENUE Address 1050 LEE WAGENER BLVD. Address 106

322

City-State-Zip: FT. LAUDERDALE FL 33315 SOLANA BEACH CA 92075-1981 City-State-Zip:

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.

**SECRETARY** 

SIGNATURE: JORGE FREELAND

Electronic Signature of Signing Officer/Director Detail

03/18/2014 Date