

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 702694	
1. Entity Name COLEGIO MEDICO CUBANO LIBRE, INC. MEDICAL ASSOCIATION IN EXILE, INC.)	(CUBAN



Principal Place of Business 814 PONCE DE LEON BLVD 307 CORAL GABLE, S 33134 US	Mailing Address P O BOX 141016 CORAL GABLES, FL 33114-1016 US
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02102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1146973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent HUERTAS, ENRIQUE 814 PONCE DE LEON BLVD ST 307 CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUERTAS, ENRIQUE 3121 N. W. 4TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONSECA, DENIO O. 5409 RIVIERA DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ, RAMON 1811 COLUMBUS AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEAL MARCELINO E 4120 SW 27 RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-CASTILLO, ESTEBAN 10842 S.W. 33 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000320801
04/21/05-80052-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other, the empowered.

SIGNATURE: *Enrique Huertas* **04-11-05** (305) 445-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #