

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90098 025 \*\*\*\*61.25

**DOCUMENT # 702694**

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



Principal Place of Business  
**814 PONCE DE LEON BLVD  
307  
CORAL GABLES, FL 33134 US**

Mailing Address  
**P O BOX 141016  
CORAL GABLES, FL 33114-1016 US**

**60040133**



04052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business  
**717 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
SUITE 217**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FL 33134**

City & State

Zip  
**US**

Country

4. FEI Number  
**59-1146973**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HUERTAS, ENRIQUE  
814 PONCE DE LEON BLVD  
ST 307  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**HUERTAS, ENRIQUE**

Street Address (P.O. Box Number is Not Acceptable)  
**717 Ponce de Leon Blvd  
SUITE 217**

City  
**CORAL GABLES FL**

Zip Code  
**33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUERTAS, ENRIQUE 3121 N. W. 4TH STREET MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONSECA, DENIO O. 5409 RIVIERA DRIVE CORAL GABLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ, RAMON 1811 COLUMBUS AVE. CORAL GABLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEAL MARCELINO E 4120 SW 27 RD MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-CASTILLO, ESTEBAN 10842 S.W. 33 ST. MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.

**SIGNATURE:**

**ENRIQUE HUERTAS, M.D.**

**04/10/06**

**305-446-9902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #