2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 702694 1. Entity Name COLEGIO MEDICO CUBANO LIBRE, INC. (CUBAN MEDICAL ASSOCIATION IN EXILE, INC.)						06 90098 0:		61.25	
Principal Place of Business 814 PONCE DE LEON BLVD 307 CORAL GABLE, \$33134 US Mailing Address P O BOX 141016 CORAL GABLES, FL 33114-1016 US									
2. Principal P	Place of Business ONCE DE LEON BLVJ	3. Mailing Address			The state of the s				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04052006	Chg-NP	CR2E037	(11/05)		
CORAL GABLES, FL 33134		City & State		4. FEI Number 59-1146	4. FEI Number				
Zip	Country US	Zip	Country	5. Certificate of	Status Desired		3.75 Addi e Required		
	6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New	Registered Age	ent		
	S, ENRIQUE		Name Stroot Adv	HUERTAS	ED is Not Acceptab	Rique	<u> </u>		
814 PONCE DE LEON BLVD ST 307				PONCE	YE ZE	FON E	32 v	d	
CORAL GABLES, FL 33134				itE 217					
			City	RAL GAB	155	FL		134	
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) OATE									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent signature	e required when reinstating)		DATE			
SIGNATURE		·				DATE			
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	·	npaign Financing _	\$5.00 May Be Added to Fees		DATE Make check p orida Departm			
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Car Trust Fund 0	npaign Financing _	\$5.00 May Be	Flo	Make check p orida Departm	ent of Sta	ate	
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12. I hereby certify that the information supplied with this filling 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 a paddress, with all other like empowered.

SIGNATURE:

ENRIQUE HUERTAS, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06

305-446-9902

Daytime Phone #