

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702694

FILED
Mar 05, 2012
Secretary of State

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

Current Principal Place of Business:

3121 N. W. 4 STREET
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 141016
CORAL GABLES, FL 331141016 US

New Mailing Address:

FEI Number: 59-1146973 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUERTAS, ENRIQUE
3121 N.W. 4 STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HUERTAS, ENRIQUE
Address: 3121 N. W. 4TH STREET
City-St-Zip: MIAMI, FL

Title: D
Name: FONSECA, DENIO O.
Address: 5409 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL

Title: D
Name: BAEZ, RAMON
Address: 1811 COLUMBUS AVE.
City-St-Zip: CORAL GABLES, FL

Title: TD
Name: HUERTAS, ENRIQUE
Address: 3121 N.W. 4 STREET
City-St-Zip: MIAMI, FL

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: ENRIQUE HUERTAS

PD

03/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date