

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710100

FILED
Jan 04, 2010
Secretary of State

Entity Name: INTERNATIONAL MEDICAL AND CULTURAL FOUNDATION, INC.

Current Principal Place of Business:

3809 LA VISTA CIRCLE
#206
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3809 LA VISTA CIRCLE
#206
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-6178296 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZUBERO, DAVID
2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 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: ZUBERO, JOSE L
Address: 3809 LA VISTA CIRCLE #206
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD
Name: ZUBERO, DAVID L
Address: 2109 NE 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: ZUBERTO, DANIEL L
Address: 2109 NE 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: ZUBERO, JULIA L
Address: 2109 N.E. 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: POBLETE, LIDIA S
Address: T.C. VALENZUELA 7 ESC 2 PISO 1 J
City-St-Zip: ZARAGOZA, SPAIN, SP 50004 SP

Title: D
Name: LOPEZ, J. LUIS
Address: CALLE CHURRUCA 2 PISO 3, PUERTA 9
City-St-Zip: MADRID, SPAIN, SP 28004 SP

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: DAVID L. ZUBERO

VD

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date