

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718679

FILED
Mar 03, 2009
Secretary of State

Entity Name: CUBAN AMERICAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 204
CORAL GABLES, FL 33134 US

New Principal Place of Business:

3130 N.W. 7 ST.
MIAMI, FL 33125 US

Current Mailing Address:

P O BOX 141016
P O BXO 141016
CORAL GABLES, FL 331141016 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HUERTAS, ENRIQUE
717 PONCE DE LEON BLVD
SUITE 217
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HUERTAS, ENRIQUE
3130 N.W. 7 ST.
MIAMI, FL 33125 US

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: ENRIQUE HUERTAS

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUERTAS, ENRIQUE,
Address: 3121 NW 4TH ST.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: HUERTAS, ENRIQUE
Address: 3121 NW - 4 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: FONSECA, DENIO O
Address: 5409 RIVIERA DR
City-St-Zip: CORAL GABLES, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ENRIQUE HUERTAS

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date