

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 770727 (6)**

1. Corporation Name

**CUBAN MEDICAL ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

814 PONCE DE LEON BLVD  
SUITE 307  
CORAL GABLES FL 33134  
US

P O BOX 141016  
811 PONCE DE LEON BLVD (POBOX 141016)  
CORAL GABLES FL 33114-1016  
US

3. Date Incorporated or Qualified  
**10/12/1983**

3a. Date of Last Report  
**05/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2328450**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUERTAS, ENRIQUE, M.D.**  
**814 PONCE DE LEON BLVD**  
**SUITE 307**  
**CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD HUERTAS, DR. ENRIQUE**  
STREET ADDRESS **3121 N.W. 4TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **VD FONSECA, DR. DENIO O.**  
STREET ADDRESS **5409 RIVERA DRIVE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ DELETE  
NAME **TD CASTELLANOS, DR AGUSTIN W**  
STREET ADDRESS **5601 S.W. 5TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **SD GUATY, DR. NESTOR C.**  
STREET ADDRESS **1820 S.W. 102ND AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **TD FEAL MARCELINO E**  
3.3 STREET ADDRESS **410 SW - 27 RD**  
3.4 CITY-ST-ZIP **MIAMI - FL 33129**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-96 (305) 446 9902**

CR2E037 (12/95)