

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770727**

1. Entity Name  
**CUBAN MEDICAL ASSOCIATION, INC.**



**Principal Place of Business**

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

**Mailing Address**

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



02172004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2328450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UG00000147618  
05/03/04-80114-021 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
FEAL MARCELINO E.  
410 SW 27TH RD  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BAEZ, RAMON  
1811 COLUMBUS AVENUE  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ENRIQUE HUERTAS, M.D.**

Date

Daytime Phone #

**4/28/04**