


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90236 041 \*\*\*\*61.25

<b>DOCUMENT # 770727</b> 1. Entity Name CUBAN MEDICAL ASSOCIATION, INC.	
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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
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20043910



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2328450	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HUERTAS, ENRIQUE, M.D. 814 PONCE DE LEON BLVD SUITE 307 CORAL GABLES, FL 33134
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**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD HUERTAS, DR. ENRIQUE 3121 N.W. 4TH STREET MIAMI, FL 33125
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 33129
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

04-14-05

Date

(305) 445-1429

Daytime Phone #