

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90098 027 ****61.25

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

60028745



2. Principal Place of Business
717 Ponce de Leon Blvd
Suite, Apt. #, etc.
Suite 217

3. Mailing Address
P.O. Box 141016
Suite, Apt. #, etc.
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04052006 Chg-NP CR2E037 (11/05)

City & State
CORAL GABLES, FL

Zip
33134

Country
US

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

7. Name and Address of New Registered Agent

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

Name
HUERTAS, ENRIQUE MD.

Street Address (P.O. Box Number if Not Acceptable)
717 Ponce de Leon Blvd.

Suite
Suite 217

City
CORAL GABLES

State
FL

Zip
33134

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUERTAS, DR. ENRIQUE	
STREET ADDRESS	3121 N.W. 4TH STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FONSECA, DR. DENIO O.	
STREET ADDRESS	5409 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FEAL MARCELINO E.	
STREET ADDRESS	410 SW 27TH RD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAEZ, RAMON	
STREET ADDRESS	1811 COLUMBUS AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 thereof; that I am duly 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:

ENRIQUE HUERTAS, M.D.

04/10/06

305-446-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #