

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 770727

1. Entity Name
CUBAN MEDICAL ASSOCIATION, INC.



Principal Place of Business
717 PONCE DE LEON BLVD
SUITE 217
CORAL GABLES, FL 33134 US

Mailing Address
P O BOX 141016
CORAL GABLES, FL 33134 US



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2328450

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUERTAS, ENRIQUE, M.D.
717 PONCE DE LEON BLVD
SUITE 217
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, 2007**

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

U000000720579
05/01/07-80112-001 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE TD
NAME FEAL MARCELINO E.
STREET ADDRESS 410 SW 27TH RD
CITY-ST-ZIP MIAMI, FL 33129

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

Date

Daytime Phone #

Enrique Huertas ENRIQUE HUERTAS 04/17/07 (305-446-9902)