

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770727

FILED
Feb 25, 2009
Secretary of State

Entity Name: CUBAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 204
CORAL GABLES, FL 33134 US

New Principal Place of Business:

3130 N.W. 7 ST.
SUITE 204
MIAMI, FL 33125 US

Current Mailing Address:

P O BOX 141016
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2328450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUERTAS, ENRIQUE, M.D.
717 PONCE DE LEON BLVD
SUITE 217
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HUERTAS, ENRIQUE, M.D.
3130 N.W. 7 ST.
MIAMI, FL 33125 US

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.

SIGNATURE: ENRIQUE HUERTAS

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUERTAS, DR. ENRIQUE,
Address: 3121 N.W. 4TH STREET
City-St-Zip: MIAMI, FL 33125

Title: VD () Delete
Name: FONSECA, DR. DENIO O, .
Address: 5409 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL

Title: TD () Delete
Name: ENRIQUE, HUERTAS
Address: 3121 N.W. 4 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: BAEZ, RAMON
Address: 1811 COLUMBUS AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE HUERTAS

PR

02/25/2009

Electronic Signature of Signing Officer or Director

Date