

F07000002707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

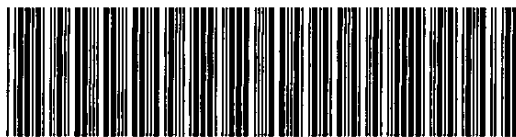
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/07--01026--005 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/22

1007-19370

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Interamerican College of Physicians and Surgeons, Inc..
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

James P. Tierney

(Name of Person)

Interamerican College of Physicians and Surgeons, Inc.

(Firm/Company)

233 Broadway, Suite 954

(Address)

New York, NY 10279

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Tierney

(Name of Person)

at (703) 627-3048

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 MAY 22 PM 2:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 20, 2007

JAMES P TIERNEY
INTERAMERICAN COLLEGE OF PHYSICIANS AND
233 BROADWAY, SUITE 954
NEW YORK, NY 10279

SUBJECT: INTERAMERICAN COLLEGE PF PHYSICIANS AND SURGEONS,
INC.

Ref. Number: W07000019370

We have received your document for INTERAMERICAN COLLEGE PF
PHYSICIANS AND SURGEONS, INC. and your check(s) totaling \$70.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The entity's date of incorporation/organization must be listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6879.

Ruby Dunlap
Regulatory Specialist

Letter Number: 607A00026916

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

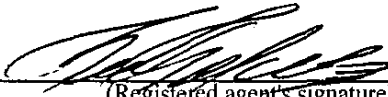
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Interamerican College of Physicians and Surgeons, Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. District of Columbia 3. 13 3002279
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 23, 1979 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1616 H Street, NW, Suite 400, Washington, DC 20006
(Principal office address)
233 Broadway, Suite 954, New York, NY 10279
(Current mailing address)
8. Advance medical knowledge of Hispanic physicians and community
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: Rene F. Rodriguez, M.D.
- Office Address: 10395 NW 46th Street
Miami, Florida 33178-2238
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Rene F. Rodriguez, M.D.

Address: 10395 NW 46 Street

Miami, FL 33178-2238

Vice Chairman: Miguel Luis Barron, M.D.

Address: 1717 Brown Bldg., #1-A

El Paso, TX 79902

Director: Dra. Martha de Brown

Address: Calle Higuemota, esq. Selene, Edificio Biltmore III, Pent House B6

Bella Vista, Santo Domingo, DOMINICAN REPUBLIC

Director: Jorge C. Rios, M.D.

Address: 4672 Kell Lane

Alexandria, VA 22311

B. OFFICERS

President: Rene F. Rodriguez, M.D.

Address: 10395 NW 46 Street

Miami, FL 33178-2238

Vice President: Gonzalo L. Lopez, M.D.

Address: 365 W 25th Street

New York, NY 10001


Secretary: Miguel Luis Barron, M.D.

Address: 1717 Brown Bldg., #1-A, El Paso, TX 79902

Treasurer: Victor M. Cruz, M.D.

Address: 269-05Y Grand Central Parkway, Floral Park, NY 11005

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rene F. Rodriguez, MD, President
(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **23rd day of February, 1979** *Articles of Incorporation of:*

INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS, INC.

The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to conduct its affairs in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in Good Standing, according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this **3rd day of April, 2007**.

LISA M. MORGAN
Interim Director

Business and Professional Licensing Administration


PATRICIA E. GRAYS

Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor