

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002707

FILED
Jan 04, 2010
Secretary of State

Entity Name: INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS, INC

Current Principal Place of Business:

1616 H STREET NW
SUITE 400
WASHINGTON, DC 20006

New Principal Place of Business:

Current Mailing Address:

233 BROADWAY
SUITE 954
NEW YORK, NY 10279

New Mailing Address:

FEI Number: 13-3002279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, RENE F M.D.
10395 NW 46TH STREET
MIAMI, FL 331782238 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PC
Name: RODRIGUEZ, RENE F M.D.
Address: 10395 NW 46 STREET
City-St-Zip: MIAMI, FL 331782238

Title: VCS
Name: BARRON, MIGUEL LUIS M.D.
Address: 1717 BROWN BLDG., #1-A
City-St-Zip: EL PASO, TX 79902

Title: D
Name: DE BROWN, MARTHA M.D.
Address: CALLE HIGUEMOTA, ESQ. SELENE, EDIFICIO
City-St-Zip: BELLA VISTA, SANTO DOMINGO, XX XX

Title: D
Name: RIOS, JORGE C M.D.
Address: 4672 KELL LANE
City-St-Zip: ALEXANDRIA, VA 22311

Title: COO
Name: TIERNEY, JAMES P
Address: 233 BROADWAY, SUITE 954
City-St-Zip: NEW YORK, NY 10279

Title: T
Name: RAVELO, RAMON E M.D.
Address: 219 FOUNTAIN STREET, APT. 20
City-St-Zip: NEW HAVEN, CT 06515

I hereby 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 all other like empowered.

SIGNATURE: JAMES P. TIERNEY

COO

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date