

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2012
Secretary of State

Entity Name: FONDATION HAITIENNE DE DIABETE ET DE MALADIES CARDIO-VASCULAIRES CORPORATION

Current Principal Place of Business:

208 AVENUE JOHN BROWN (LALUE)
PORT-AU-PRINCE - HAITI, HA HT6112 HA

New Principal Place of Business:

Current Mailing Address:

1082 N HIATUS RD
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 98-0630860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, RENE N DR.
1082 N HIATUS RD
PEMBROKE PINES, FL 33026 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: CP
Name: CHARLES, RENE N
Address: 1082 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VCVF
Name: LARCO, PHILIPPE DR.
Address: RUE LAVAUD 2 NO 1A
City-St-Zip: PORT-AU-PRINCE - HAITI, HA HT6112 HA

Title: D
Name: JEAN-BAPTISTE, EDDY
Address: HOPITAL C.D.T.I, AVE CHARLES SUMMER
City-St-Zip: PORT-AU-PRINCE - HAITI, HA HT6112 HA

Title: D
Name: LARCO, NANCY C
Address: BOIS-VERNA NO 13
City-St-Zip: PORT-AU-PRINCE - HAITI, HA HT6112 HA

Title: S
Name: BONNET, MICHEL
Address: P.O. BOX 48
City-St-Zip: PORT-AU-PRINCE - HAITI, HA HT6112 HA

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: RENE CHARLES

CP

01/08/2012

Electronic Signature of Signing Officer or Director

Date