2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L00869

Entity Name: MEDICAL FRATERNITY OF 1948, INC.

Current Principal Place of Business:

6910 LEONARDO ST
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

6910 LEONARDO ST
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0265489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARRERO, EMILIO N.
6910 LEONARDO ST.
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: MARRERO, EMILIO N.,
Address: 6910 LEONARDO ST.
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Delete
Name: MAS, ILDEFONSO R.,
Address: 3659 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: KREDI, RAMON,
Address: 3661 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: PRATS, ANTONIO I
Address: 15451 SW 77TH AVE
City-St-Zip: MIAMI, FL 33157

Title: M ( ) Delete
Name: SANCHEZ, RENE T.,
Address: 1290 NE 83RD ST.
City-St-Zip: MIAMI, FL

Title: M ( ) Delete
Name: MARTINEZ, GERARDO H M.D.
Address: 10352 S.W. 134TH PLACE
City-St-Zip: MIAMI, FL 33186

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO N. MARRERO, M.D. PRES 04/11/2008

Electronic Signature of Signing Officer or Director Date