

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2004  
Secretary of State**

DOCUMENT# N01326

**Entity Name:** HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

5839 WHIRLWAY RD  
PALM BEACH GARDEN, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

5839 WHIRLWAY RD  
PALM BEACH GARDEN, FL 33418 US

**New Mailing Address:**

**FEI Number:** 59-2419886      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENDECK, OSCAR R  
5839 WHIRLWAY RD  
PALM BEACH GARDENS, FL 33418

**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: PSTD ( ) Delete  
Name: BENDECK, OSCAR A  
Address: 5839 WHIRLWAY ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BENDECK, GLENN P.,  
Address: 8147 WEST LAKE DR.  
City-St-Zip: LAKE CLARKE SHORES, FL

Title: D ( ) Delete  
Name: BENDECK, TAUFICK E MD  
Address: 4416 POINSETTA AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: BENDECK, PHYLLIS E  
Address: 4416 POINSETTA AVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete  
Name: BENDECK, MIRNA  
Address: 5839 WHIRLWAY ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: BATRUNY, VICTORIA  
Address: 3025 EMBASSY DR  
City-St-Zip: WEST PALM BEACH, FL 33401

**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 for the exemption stated in Section 119.07(3)(i), 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: OSCAR R BENDECK

P

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date