


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90209 004 ****70.00

DOCUMENT # N01326

1. Entity Name
HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED



Principal Place of Business
**5839 WHIRLWAY RD
WEST PALM BEACH FL 33418
US**

Mailing Address
**5839 WHIRLWAY RD
WEST PALM BEACH FL 33418
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

4. FEI Number **59-2419886** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BENDECK, OSCAR R
5839 WHIRLWAY RD
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input checked="" type="checkbox"/> Delete BENDECK, TAUFICK E. MD. 4416 POINSETTA AVE. WEST PALM BCH FL	TITLE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OSCAR R BENDECK 5839 WHIRLWAY RD PALM BEACH GARDENS FL 33418
TITLE D	<input checked="" type="checkbox"/> Delete BENDECK, GLENN P. 8147 WEST LAKE DR. LAKE CLARKE SHORES FL	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete BENDECK, TAUFICK E MD 4416 POINSETTA AVE WEST PALM BEACH FL 33407	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> Delete BENDECK, PHYLLIS E 4416 POINSETTA AVE WEST PALM BEACH FL 33407	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> Delete BENDECK, MIRNA 5839 WHIRLWAY ROAD PALM BEACH GARDENS FL 33418	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete BATRUNY, VICTORIA 3025 EMBASSY DR WEST PALM BEACH FL 33401	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR R BENDECK, President 4-14-2003 561-626-9887

CR2E037 (10/02)