

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003602

FILED
May 01, 2004
Secretary of State

Entity Name: FUNDACION DE INFORMATICA MEDICA, INC.

Current Principal Place of Business:

1111 BRICKELL BAY DRIVE
SUITE 2703
MIAMI, FL 33131

New Principal Place of Business:

9 ISLAND AVENUE,
APT. 609
MIAMI BEACH, FL 33139

Current Mailing Address:

1111 BRICKELL BAY DRIVE
SUITE 2703
MIAMI, FL 33131

New Mailing Address:

FEI Number: 01-0687543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVERI, NORA
1111 BRICKELL BAY DRIVE
SUITE 2703
MIAMI, FL 33131

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: PDT () Delete
Name: OLIVERI, NORA DR
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: RODRIGUES, ROBERTO DR
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

Title: VSD () Delete
Name: KOT, RUBEN
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SANDOR, TOMAS ENG
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: FABIA BEAUMONT, GLADYS DR
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MARTINI, CARLOS MD, MPH
Address: 1111 BRICKELL BAY DRIVE SUITE 2703
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: OLIVERI, NORA DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition
Name: RODRIGUES, ROBERTO DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD (X) Change () Addition
Name: KOT, RUBEN
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: SANDOR, TOMAS ENG
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: FABIA BEAUMONT, GLADYS DR
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: MARTINI, CARLOS MD, MPH
Address: 9 ISLAND AVENUE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

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: NORA OLIVERI

PDT

05/01/2004

Electronic Signature of Signing Officer or Director

Date