

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003602

FILED
Apr 28, 2007
Secretary of State

Entity Name: FUNDACION DE INFORMATICA MEDICA, INC.

Current Principal Place of Business:

9 ISLAND AVENUE,
APT 1711
MIAMI BEACH, FL 33139

New Principal Place of Business:

9 ISLAND AVENUE,
APT 2011
MIAMI BEACH, FL 33139

Current Mailing Address:

9 ISLAND AVE
APT 1711
MIAMI BEACH, FL 33139

New Mailing Address:

9 ISLAND AVE
APT 2011
MIAMI BEACH, FL 33139

FEI Number: 01-0687543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOT, NORA
9 ISLAND AVE
APT 1711
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

KOT, NORA
9 ISLAND AVE
APT 2011
MIAMI BEACH, FL 33139 US

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:

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: KOT, NORA DR
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: RODRIGUES, ROBERTO DR
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD () Delete
Name: KOT, RUBEN
Address: 9 ISLAND AVENUE, APT 1711
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: SANDOR, TOMAS ENG
Address: AV LIBERTADOR 5674 PISO 5 DPTO A
City-St-Zip: BUENOS AIRES, BA 1428 AR

Title: D () Delete
Name: FABA BEAUMONT, GLADYS DR
Address: AV UNIVERSIDAD NO. 655
City-St-Zip: COL. SANTA MARÍA AHUACATITLÁ, MO 14000 MX

Title: D () Delete
Name: MARTINI, CARLOS MD, MPH
Address: 4009 PINTA COURT
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: KOT, NORA DR
Address: 9 ISLAND AVENUE, APT 2011
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition
Name: RODRIGUES, ROBERTO DR
Address: 9 ISLAND AVENUE, APT 2011
City-St-Zip: MIAMI BEACH, FL 33139

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

SIGNATURE: NORA KOT

PDT

04/28/2007

Electronic Signature of Signing Officer or Director

Date