

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004506

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: DOMINGO LIOTTA INTERNATIONAL FOUNDATION, MEDICAL, CORP.

**Current Principal Place of Business:**

1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179

**New Principal Place of Business:**

1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179

2610 W. DIVISION ST  
2  
CHICAGO, IL 60622

FEI Number: 16-1620715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIOTTA, CARLOS A  
1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179 US

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

LIOTTA, CARLOS A MD  
1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179 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: CARLOS LIOTTA

02/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LIOTTA, CARLOS A  
Address: 1700 NE 191 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: VTD ( ) Delete  
Name: LIOTTA, DOMINGO SANTO  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: LIOTTA, DOMINGO JR  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: TRONCOSO, OLGA E  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: MARTINGANO, ROBERTO O  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: LIOTTA, MARIA OLGA  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: LIOTTA, CARLOS A MD  
Address: 1700 NE 191 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: VTD (X) Change ( ) Addition  
Name: LIOTTA, DOMINGO S MD  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTINGANO, ROBERTO O MD  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D (X) Change ( ) Addition  
Name: LIOTTA, MARIA O  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

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: CARLOS LIOTTA

CARL

02/12/2007

Electronic Signature of Signing Officer or Director

Date