

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004506

FILED
Apr 16, 2009
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:

Current Mailing Address:

2610 W. DIVISION ST
2
CHICAGO, IL 60622

New Mailing Address:

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 MD
1700 NE 191 STREET
305
NORTH MIAMI, FL 33179 US

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

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

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

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 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

PSD

04/16/2009

Electronic Signature of Signing Officer or Director

Date