2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N03000004762

Entity Name: HAITI HELP MED PLUS, INC.

Current Principal Place of Business:

616 E. ALTAMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

616 E. ALTAMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-0263595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOUSSE, RALPH
616 E. ALTAMONTE DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701 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:	PD	( ) Delete
Name:	GOUSSE, RALPH	
Address:	616 E. ALTAMONTE DRIVE - SUITE 100	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	VD	( ) Delete
Name:	JABON, HENRI C	
Address:	12935 W. COLONIAL DRIVE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	SD	( ) Delete
Name:	GOUSSE, RONALD	
Address:	781 MOUNTAIN AVE	
City-St-Zip:	NEW PROVIDENCE, NJ 07974	
Title:	TD	( ) Delete
Name:	BAZILE, MICHEL J	
Address:	61 DUNN AVE	
City-St-Zip:	STAMFORD, CT 06905	
Title:	D	( ) Delete
Name:	LOUIS, CHARLES A	
Address:	408 MARTIN GLEN CT	
City-St-Zip:	LAWRENCEVILLE, GA 30045	

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:	

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: RALPH GOUSSE PD 03/14/2009

Electronic Signature of Signing Officer or Director — Date