

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004762

FILED  
Jan 10, 2010  
Secretary of State

**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  
Name: GOUSSE, RALPH  
Address: 616 E. ALTAMONTE DRIVE - SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD  
Name: JABON, HENRI C  
Address: 12935 W. COLONIAL DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD  
Name: GOUSSE, RONALD  
Address: 781 MOUNTAIN AVE  
City-St-Zip: NEW PROVIDENCE, NJ 07974

Title: TD  
Name: BAZILE, MICHEL J  
Address: 61 DUNN AVE  
City-St-Zip: STAMFORD, CT 06905

Title: D  
Name: LOUIS, CHARLES A  
Address: 408 MARTIN GLEN CT  
City-St-Zip: LAWRENCEVILLE, GA 30045

I hereby 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 all other like empowered.

SIGNATURE: RALPH GOUSSE

PD

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date