

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010303

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** MEDICAL STUDENTS IN ACTION, INC.

**Current Principal Place of Business:**

7401 SW 53 COURT  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7401 SW 53 COURT  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 03-0536024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHAVOUSTIE, ERIC  
7401 SW 53 COURT  
MIAMI, FL 33143 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: P  
Name: LLANES, MIKEL  
Address: 3700 SW 110 AVE  
City-St-Zip: MIAMI, FL 33165

Title: T  
Name: CHAVOUSTIE, ERIC  
Address: 7401 SW 53 COURT  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: PRENDES, STEFANIA  
Address: 7412 SW 53 AVE  
City-St-Zip: MIAMI, FL 33143

Title: AS-T  
Name: KALTMAN, JESSICA  
Address: 951 BRICKELL AVE, APT 2007  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: ANAND, JATIN  
Address: 780 NE 69TH ST. APT 2310  
City-St-Zip: MIAMI, FL 33138

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: ERIC CHAVOUSTIE

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02/17/2010

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

\_\_\_\_\_  
Date