

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90044 008 ****61.25

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1. Entity Name
**AMERICAN ACADEMY OF CULTURAL COMPETENCY IN
MEDICINE, INC.**



Principal Place of Business
**10395 NW 46TH ST.
MIAMI, FL 33178-2238**

Mailing Address
**10395 NW 46TH ST.
MIAMI, FL 33178-2238**

50030393



01122005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1715723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, RENE F MD
10395 NW 46TH ST.
MIAMI, FL 33178-2238**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, RENE F
STREET ADDRESS	10395 NW 46TH ST.
CITY - ST - ZIP	MIAMI, FL 331782238
TITLE	S
NAME	STANTON, MARIETTA
STREET ADDRESS	3732 SIERRA DRIVE
CITY - ST - ZIP	TUSCALOOSA, AL 35406
TITLE	T
NAME	TIERNEY, JAMES P
STREET ADDRESS	126245 LAKE NORMANDY LANE
CITY - ST - ZIP	FAIRFAX, VA 22030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/05

Daytime Phone #

305-718-3857