

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

DOCUMENT # N03000010830

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

DO NOT WRITE IN THIS SPACE

50030393



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1715723	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
RODRIGUEZ, RENE F MD
10395 NW 46TH ST.
MIAMI, FL 33178-2238

6. Name and Address of Current Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/22/05

305-718-3857

Date

Daytime Phone #