


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

01122007 No Chg-NP CR2E037 (4/06)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature: typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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U00000682414
04/13/07-80050-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4-3-07 305-718-3857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #