

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 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**



02252008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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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05/21/08-80096-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

RENE F. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-23-08

305-718-3857

Date

Daytime Phone #