


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90296 004 ****70.00

DOCUMENT # N04000002426	
1. Entity Name COLEGIO MEDICO DOMINICANO FILIAL DE LA FLORIDA, INC.	

Principal Place of Business 1170 SW 85TH COURT MIAMI, FL 33144	Mailing Address 1170 SW 85TH COURT MIAMI, FL 33144
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66023731



2. Principal Place of Business		3. Mailing Address P.O. Box 440914	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI	
Zip	Country	Zip 33144-0914	Country MIAMI-DADE

06212005 Chg-NP CR2E037 (10/03)

4. FEI Number 55-0859456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LEON, PEDRO J 1170 SW 85TH COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMEZQUITA, MARCELINO 1170 SW 85TH COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE JESUS MOTA, RAFAEL 1170 SW 85TH COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGEI AGUAS VIVAS (T) <input type="checkbox"/> Delete 230 NW 87TH AVE. MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELIDA ORTIZ (D) <input type="checkbox"/> Delete 22600 S.W 108 PL MIAMI, FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSLYN MARTINEZ (D) <input type="checkbox"/> Delete 4922 Vanburen ST. Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____	_____	Date	Daytime Phone #
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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N04000002426					
1. Entity Name COLEGIO MEDICO DOMINICANO FILIAL DE LA FLORIDA, INC.					
Principal Place of Business 1170 SW 85TH COURT MIAMI, FL 33144			Mailing Address 1170 SW 85TH COURT MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0859456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LEON, PEDRO J		NAME		
STREET ADDRESS	1170 SW 85TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMEZQUITA, MARCELINO		NAME		
STREET ADDRESS	1170 SW 85TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE JESUS MOTA, RAFAEL		NAME		
STREET ADDRESS	1170 SW 85TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	Mercede Escalante	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10515 S.W. 216 ST Apt E.		NAME		
STREET ADDRESS	MIAMI, FL 33190		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

To:

66023731

ATTACHMENT

From: Spiegel & Utrera

#NY400002426

3-10-05 5:12pm p. 1 of 2

NON-PROFIT ANNUAL MEMBERS & DIRECTORS MEETING WORKSHEET

Re: Colegio Medico Dominicano Filial De La Florida, INC.Corporate Address: 1170 S.W. 85 COURT MIAMI, FL. 33144Mailing Address (if different): P.O. BOX 440914, MIAMI, FL. 33144-0914Date & time of Member's Meeting: Date: April 14, 2005 Time: 3:00 PMAs to ALL Members please list the following. (you may use additional sheets if needed)

Name

Address

Example: John Doe

123 SW Any Street, Miami, FL 33333

Angel Aguasvivas230 NW 87th Ave. Miami, FL. 33172Melida Ortiz22600 S.W. 108 PL. Miami, FL. 33170Roslyn Martinez4922 Vanburden St. Hollywood, FL. 33021MERCEDES ESCALANTE10515 S.W. 216 ST. Apt. E. Miami, FL. 33190

Does the above information represent a change in Members during the year?

☐ Yes☐ No

Date & time of Director's Meeting:

Date: April 14, 2005Time: 12 PM - 2:30 PM

(Please note, the Meetings may take place on the same day, but not at the same time.)

As to ALL Directors please list the following (You must have at least 3 Directors):

(Indicate which director is Chairman and which shall be Secretary - one person may be both)

Name

Address

Title

Example: John Doe

123 SW Any Street, Miami, FL 33333

Chairman / Secretary

Pedro de Leon19623 NW 82nd PL Miami, FL 33015PresidentPedro de Leon" " "TreasuryMarcelino Amezcua1170 S.W. 85 CT Miami FL 33144Vice-PresidentRafael Mota1170 S.W. 85 CT Miami FL 33144SecretaryYear 2005 Officers of the Corporation:

(One person may be all positions. You may have as many Vice-Presidents, Assistant Secretaries, and Assistant Treasurers as you desire)

	Name	Address
President	<u>Pedro de Leon</u>	<u>19623 NW 82nd PL. MIAMI FL 33015 (P)</u>
Secretary	<u>RAFAEL DE JESUS MOTA</u>	<u>1170 S.W. 85th Court Miami FL 33144 (S)</u>
Treasurer	<u>ANGEL AGUASVIVAS</u>	<u>230 NW 87th Ave. Miami FL 33172 (T)</u>
Vice President	<u>MARCELINE AMEZQUITA</u>	<u>1170 SW 85th Court Miami FL. 33144 (V)</u>
Assist. Secretary	<u>MELIDA ORTIZ</u>	<u>22600 S.W. 108 PL Miami FL 33170 (D)</u>
Assist. Treasurer	<u>ROSILYN MARTINEZ</u>	<u>4922 Vanburden St. Hollywood FL. 33021 (D)</u>
	<u>MERCEDES ESCALANTE</u>	<u>10515 S.W. 216 ST Apt E. MIAMI FL 33190 (D)</u>

Phone number you can be reached at: (786) 587-7954

Without any additional charge, you may include any special provision in the minutes of either the Member's, Director's or Officer's meeting. To discuss any matter which you feel should be included as a topic or resolution at either Member's, Director's or Officer's Meeting, check here ☐ and give us a daytime phone number. A Spiegel & Utrera attorney will call you to discuss the matter at no extra charge. At Spiegel & Utrera we want to help you.

Remarks: