2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N04000006535

Entity Name: CLINICA VENAMHER - HERMANDAD VENEZOLANA-AMERICANA, INC

Current Principal Place of Business:

2794 NW 79TH AVENUE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2794 NW 79TH AVENUE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-1375538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, PEDRO A
2794 N.W. 79TH AVE
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, PEDRO A
Address: 2794 N.W. 79TH AVE.
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete
Name: ACKERMAN, ERNESTO
Address: 2794 N.W. 79TH AVE.
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete
Name: GONZALEZ, CRISTINA A
Address: 2794 N.W. 79TH AVE.
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete
Name: ACKERMAN, GISELA
Address: 2794 N.W. 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A GONZALEZ PD 04/02/2008

Electronic Signature of Signing Officer or Director — Date