2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N04462

Entity Name: UNITED STATES COLOMBIAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

280 ARAGON AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

280 ARAGON AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2487432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANON, MARCO
2645 S. BAY SHORE DR., #1801
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

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: DIEGO L RESTREPO 02/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete
Name: PAREDES, JUAN CARLOS M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, V ( ) Delete
Name: DANGOND, ALVARO M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, S ( ) Delete
Name: BOLIVAR, JUAN MANUEL M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, T ( ) Delete
Name: CHARRIA, GUSTAVO M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

Title: D, V ( ) Delete
Name: FRANCO, SANDRA X M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

Title: D ( ) Delete
Name: PARDO, JORGE MD
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

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:

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 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: JUAN CARLOS PAREDES D.P. 02/22/2006
Electronic Signature of Signing Officer or Director Date