

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04462

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: UNITED STATES COLOMBIAN MEDICAL ASSOCIATION, INC.

## Current Principal Place of Business:

396 ALHAMBRA CRICLE  
SUITE 210  
CORAL GABLES, FL 331345045

## New Principal Place of Business:

2600 DOUGLAS ROAD  
SUITE 506  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

396 ALHAMBRA CIRCLE  
SUITE 210  
CORAL GABLES, FL 331345045

## New Mailing Address:

2600 DOUGLAS ROAD  
SUITE 506  
CORAL GABLES, FL 33134 US

FEI Number: 59-2487432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ  
2600 DOUGLAS ROAD  
SUITE 506  
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, ESQ

04/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete  
Name: DANGOND, ALVARO M.D.  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, V ( ) Delete  
Name: BOLIVAR, JUAN M.D.  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, V (X) Delete  
Name: PAREDES, JUAN CARLOS M.D.  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, T ( ) Delete  
Name: CHARRIA, GUSTAVO M.D.  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 UA

Title: SEC ( ) Delete  
Name: CARROLL, WILLIAM M.D.  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 UA

Title: D ( ) Delete  
Name: PARDO, JORGE MD  
Address: 396 ALHAMBRA CIRCLE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 331345045 UA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DANGOND, ALVARO M.D.  
Address: 2600 DOUGLAS ROAD, SUITE 506  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DV (X) Change ( ) Addition  
Name: BOLIVAR, JUAN M.D.  
Address: 2600 DOUGLAS ROAD, SUITE 506  
City-St-Zip: CORAL GABLES, FL 331345045 US

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

Title: DT (X) Change ( ) Addition  
Name: CHARRIA, GUSTAVO M.D.  
Address: 2600 DOUGLAS ROAD, SUITE 506  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SEC (X) Change ( ) Addition  
Name: CARROLL, WILLIAM M.D.  
Address: 2600 DOUGLAS ROAD, SUITE 506  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change ( ) Addition  
Name: PARDO, JORGE MD  
Address: 2600 DOUGLAS ROAD, SUITE 506  
City-St-Zip: CORAL GABLES, FL 331345045 US

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: ALVARO DANGOND, MD

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date