

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04462

FILED
Apr 27, 2011
Secretary of State

Entity Name: UNITED STATES COLOMBIAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2600 S DOUGLAS ROAD
SUITE 1000
CORAL GABLES, FL 33134 US

Current Mailing Address:

2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

New Mailing Address:

2600 S DOUGLAS ROAD
SUITE 1000
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:

INTERNATIONAL CORPORATE SERVICE INC.
2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

INTERNATIONAL CORPORATE SERVICE INC.
2600 S DOUGLAS ROAD
SUITE 1000
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: MIRTA ABREU

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DANGOND, ALVARO M.D.
Address: 2600 S DOUGLAS ROAD, SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DV
Name: BOLIVAR, JUAN M.D.
Address: 2600 S DOUGLAS ROAD, SUITE 1000
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: DT
Name: CHARRIA, GUSTAVO M.D.
Address: 2600 S DOUGLAS ROAD, SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SEC
Name: CARROLL, WILLIAM M.D.
Address: 2600 S DOUGLAS ROAD, SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: PARDO, JORGE MD
Address: 2600 S DOUGLAS ROAD, SUITE 1000
City-St-Zip: CORAL GABLES, FL 331345045 US

I hereby 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 all other like empowered.

SIGNATURE: ALVARO DANGOND M.D.

DP

04/27/2011

Electronic Signature of Signing Officer or Director

Date