

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N04473

1. Entity Name
CUBAN MEDICAL ASSOCIATION OVERSEAS, INC.



Principal Place of Business

**814 PONCE DE LEON BLVD
STE 307
CORAL GABLES, FL 33134 US**

Mailing Address

**P O BOX 141016
P O BOX 141016
CORAL GABLES, FL 33114-1016 US**



02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUERTAS, ENRIQUE MD
814 PONCE DE LEON BLVD
STE 307
CORAL GABLES, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000147616
05/03/04-80114-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HUERTAS, ENRIQUE
811 PONCE DE LEON BLVD
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FONSECA, DENIO O
811 PONCE DE LEON BLVD
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MARCELINO, FEAL
410 SW-27 RD
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BAEZ, RAMON
1811 COLUMBUS AVE
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Huertas **ENRIQUE HUERTAS, M.D.** - 4/28/04