

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90098 024 \*\*\*\*61.25

**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



2. Principal Place of Business  
**717 PONCE DE LEON BLVD**  
Suite, Apt. #, etc.  
**SUITE 217**  
City & State  
**CORAL GABLES, FL**  
Zip  
**33134** Country  
**US.**

3. Mailing Address  
Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

Name **HUERTAS, ENRIQUE MD.**  
Street Address (P.O. Box Number is Not Acceptable)  
**717 PONCE DE LEON BLVD**  
**SUITE 217**  
**CORAL GABLES** FL **33134**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUERTAS, ENRIQUE	
STREET ADDRESS	811 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FONSECA, DENIO O	
STREET ADDRESS	811 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCELINOE, FEAL	
STREET ADDRESS	410 SW-27 RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAEZ, RAMON	
STREET ADDRESS	1811 COLUMBUS AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>717 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>717 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**ENRIQUE HUERTAS, M.D.**

**04/10/06**

**305-446-9902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #