

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010707

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** CUDA MEDICAL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

12140 SW 113 AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

12140 SW 113 AVE  
MIAMI, FL 33176 US

**Current Mailing Address:**

12140 SW 113 AVE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, MIRTHA  
12140 SW 113 AVE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

PEREZ, MIRTHA U  
12140 SW 113 AVE  
MIAMI, FL 33176 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: MIRTHA U. PEREZ

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUTIERREZ, TELIO M  
Address: 13141 SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33175

Title: VP  
Name: GONZALEZ, MARIA  
Address: 17520 SW 140 COURT  
City-St-Zip: MIAMI, FL 33177

Title: VP  
Name: GARCIA, RAUL  
Address: 15451 SW 112TH TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: T  
Name: PEREZ, MIRTHA U  
Address: 12140 SW 113 AVE  
City-St-Zip: MIAMI, FL 33176

Title: S  
Name: CROWE, CARRIE L  
Address: 19825 SW 134 COURT  
City-St-Zip: MIAMI, FL 33177

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: MIRTHA U. PEREZ

T

02/09/2012

Electronic Signature of Signing Officer or Director

Date