

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-17-2008 90034 012 ****61.25

DOCUMENT # N07000011526 1. Entity Name DENNIS JESUS GONZALEZ MEDICAL AND HOSPITAL FUND, INC.					
Principal Place of Business 782 N.W. LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126			Mailing Address 782 N.W. LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 26-1541953				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEITAS, ROBERTO F 782 N.W. LEJEUNE ROAD, SUITE 530 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEITAS, ROBERTO F 803 MALAGA AVE CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, JORGE L 6600 CORAL WAY MIAMI, FL 33177	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LUIS N 2521 NORTH GREEN WAY CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTALES, JORGE 2611 SW 7 AVENUE MIAMI, FL 33129	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERIN, ARTURO O 115 ROMANO AVE CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDA ORDONEZ, MARIA 5960 SW 28 ST MIAMI, FL 33155	☐ Delete			
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: _____		Roberto F. Fleitas		April 14, 2008 305-442-1439	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66012833



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