

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012088

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** LATIN AMERICA HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

306 ALCAZAR AVENUE  
SUITE 203  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

40 EAST 78 STREET  
SUITE 14D  
NEW YORK,, NY 10075

**New Mailing Address:**

**FEI Number:** 26-1989725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF EDUARDO L. HERNANDEZ, P.A.  
306 ALCAZAR AVENUE  
SUITE 203  
CORAL GABLES, FL 33134 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENDOZA, LUISA A  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

Title: D ( ) Delete  
Name: LEVIANT, MARIA L  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

Title: D ( ) Delete  
Name: MENDOZA, GONZALO  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

Title: D ( ) Delete  
Name: SUCRE, ANDRES E  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

Title: D ( ) Delete  
Name: VOGELER, JUAN A  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

Title: D ( ) Delete  
Name: PULIDO, PABLO  
Address: 40 EAST 78 STREET, 14D  
City-St-Zip: NEW YORK, NY 10075

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUISA A. MENDOZA

D

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date