

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005052

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE HAITIAN AMERICAN HEALTHCARE ASSOCIATION, INC.

Current Principal Place of Business:

225 NE 34 STREET SUITE 208
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

225 NE 34 STREET SUITE 208
MIAMI, FL 33137

New Mailing Address:

FEI Number: 26-2689618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIXTE, JACQUES
225 NE 34 STREET SUITE 208
MIAMI, FL 33137 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: P () Delete
Name: CALIXTE, JACQUES
Address: 225 NE 34 STREET SUITE 208
City-St-Zip: MIAMI, FL 33137

Title: V () Delete
Name: REMY, ASTRA
Address: 225 NE 34 STREET SUITE 208
City-St-Zip: MIAMI, FL 33137

Title: T () Delete
Name: AUQUSTE, PASCALE
Address: 225 NE 34 STREET SUITE 208
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: HENDERSON, TIM
Address: 225 NE 34 STREET SUITE 208
City-St-Zip: MIAMI, FL 33137

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:

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: JACQUES CALIXTE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date