

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006239

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** HISPANIC AMERICAN COLLEGE OF PHYSICIANS & SURGEONS, INC.

**Current Principal Place of Business:**

12201 SW 148 STREET  
UNIT #201  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12201 SW 148 STREET  
UNIT #201  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 26-2923990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INSTITUTE OF HISPANIC CULTURE OF THE US  
12201 SW 148 STREET  
UNIT #201  
MIAMI, FL 33186 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  
Name: BUITRAGO, ROBERTO DR.  
Address: 12201 SW 148 STREET, #201  
City-St-Zip: MIAMI, FL 33186 US

Title: S  
Name: BUITRAGO, NELLY P  
Address: 12201 SW 148 STREET #201  
City-St-Zip: MIAMI, FL 33186 US

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: DR. ROBERTO BUITRAGO

PRES

02/04/2011

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

\_\_\_\_\_  
Date