2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# N09000000071

Entity Name: MINISTERIOS DE SANIDAD INC

Current Principal Place of Business:

9551 ENCINO STREET
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

HHC 18TH MEDCOM
BOX 409
APO, AP 96205

New Mailing Address:

HHC 65TH MEDICAL BRIGADE
BOX 409
APO, AP 96205

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORES, BUENAVENTURA
9551 ENCINO STREET
MIRAMAR, FL 33025 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: FLORES, BUENAVENTURA
Address: 9551 ENCINO STREET
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete
Name: FLORES, ANTONIO
Address: 9551 ENCINO STREET
City-St-Zip: MIRAMAR, FL 33025

Title: SEC ( ) Delete
Name: FLORES, DESIREE
Address: 9551 ENCINO STREET
City-St-Zip: MIRAMAR, FL 33025

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:

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: BUENAVENTURA FLORES MS 07/02/2009

Electronic Signature of Signing Officer or Director — Date