

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006507

FILED
Apr 29, 2011
Secretary of State

Entity Name: E-SALUD ORGANIZATION, INC

Current Principal Place of Business:

1900 N. BAYSHORE DR.
4311
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1900 N. BAYSHORE DR.
4311
MIAMI, FL 33132

New Mailing Address:

CPU: UNIVERSITY OF MIAMI
PO BOX 248443
CORAL GABLES, FL 33124

FEI Number: 27-3007819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOT, NORA
1900 N BAYSHORE DR
4311
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

OLIVERI, NORA
1900 N BAYSHORE DR
APT 4311
MIAMI, FL 33132 US

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: NORA OLIVERI

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,VP
Name: OLIVERI, NORA
Address: CPU: UNIV. OF MIAMI, PO BOX 248443
City-St-Zip: CORAL GABLES, FL 33124 US

Title: S
Name: OLIVERI, NORA
Address: CPU: UNIV. OF MIAMI, PO BOX 248443
City-St-Zip: CORAL GABLES, FL 33124 US

Title: T
Name: OLIVERI, NORA
Address: CPU: UNIV. OF MIAMI, PO BOX 248443
City-St-Zip: CORAL GABLES, FL 33124 US

Title: D
Name: VINACOUR, EZEQUIEL
Address: ARAOZ 672 3RD C
City-St-Zip: CIUDAD DE BUENOS AIRES, BA 1414 AR

Title: D
Name: SANDOR, TOMAS
Address: #C41 RIDGEWOOD TOWERS, FOUR ROADS
City-St-Zip: TRINIDAD & TOBAGO, DM C41 TT

Title: D
Name: OLIVERI, NORA
Address: CPU: UNIV. OF MIAMI, PO BOX 248443
City-St-Zip: CORAL GABLES, FL 33124 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: NORA OLIVERI

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date