

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000424

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** DOMINICAN HEALTH CARE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

11 MALAGA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 MALAGA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

P.O. BOX 145255  
CORAL GABLES, FL 33114 US

**FEI Number:** 27-4582689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAEZ, DAISY J  
11 MALAGA AVENUE  
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:** EDIR  
**Name:** BAEZ, DAISY J  
**Address:** 11 MALAGA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** CFO  
**Name:** DRANEY, LINA J  
**Address:** 102 ALEDO AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** SEC  
**Name:** ESPAILLAT, NICOLE M  
**Address:** 11 MALAGA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 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:** LINA J DRANEY

CFO

04/15/2012

Electronic Signature of Signing Officer or Director

Date