

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28879

FILED
Mar 19, 2008
Secretary of State

Entity Name: NICARAGUAN AMERICAN MEDICAL ASSOCIATION, INC. (NAMA)

Current Principal Place of Business:

4308 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 US

New Principal Place of Business:

7333 SW 122 PLACE
MIAMI, FL 33183 US

Current Mailing Address:

PO BOX 559028
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 65-0080114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCON, EVARISTO M.D.
4308 UNIVERSITY DRIVE
CORAL GABLES, FL 333146 US

Name and Address of New Registered Agent:

BACA, JOSE F M.D.
7333 SW 122 PLACE
MIAMI, FL 33183 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: JOSE F. BACA

03/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCON, EVARISTO MD
Address: 4308 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP () Delete
Name: BACA, JOSE F MD
Address: 7333SW 122 PLACE
City-St-Zip: MIAMI, FL 33183 US

Title: S () Delete
Name: ESPINOSA, FRANCISCO J MD
Address: 1171 SKYLARK DRIVE
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: CHAVARRIA, VICENTE MD
Address: 7400 NORTH KENDAL DRIVE SUITE 309
City-St-Zip: MIAMI, FL 33156 US

Title: D () Delete
Name: VARGAS, ALBERTO MD
Address: 3483 DEVACOTE MEADOW LN
City-St-Zip: DAVIE, FL 33328 US

Title: D () Delete
Name: SARAIVA, OSCAR A MD
Address: 11662 SW 152 CT.
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BACA, JOSE F MD
Address: 7333 SW 122 PLACE
City-St-Zip: MIAMI, FL 33183 US

Title: VP (X) Change () Addition
Name: CHAVARRIA, VICENTE MD
Address: 24100 SW 162 AVENNUE
City-St-Zip: REDLAND, FL 33031 US

Title: S (X) Change () Addition
Name: VARGAS, R. ALBERTO MD
Address: 3483 DOVECOTE MEADOW LANE
City-St-Zip: DAVIE, FL 33328

Title: T (X) Change () Addition
Name: DUBON, PABLO MD
Address: 1149 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: D (X) Change () Addition
Name: RIOS, MARVIN MD
Address: 7884 SW 36 STREET
City-St-Zip: MIAMI, FL 33155 US

Title: D (X) Change () Addition
Name: VANEGAS, RICARDO H MD
Address: 10671 NW 22 STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: R. ALBERTO VARGAS, MD

S

03/19/2008

Electronic Signature of Signing Officer or Director

Date