

# 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 AVENUE  
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