

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28879

FILED  
Jan 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7333 SW 122 PLACE  
MIAMI, FL 33183 US

**New Principal Place of Business:**

3483 DOVECOTE MEADOW LANE  
DAVIE, FL 33328 US

**Current Mailing Address:**

PO BOX 559028  
MIAMI, FL 33255 US

**New Mailing Address:**

3483 DOVECOTE MEADOW LANE  
DAVIE, FL 33328 US

**FEI Number:** 65-0080114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CHAVARRIA, VICENTE A M.D.  
7400 N. KENDALL DRIVE # 309  
MIAMI, FL 33156 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: VICENTE CHAVARRIA, MD

01/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Delete  
Name: CHAVARRIA, VICENTE MD  
Address: 24100 SW 162 AVENUE  
City-St-Zip: REDLAND, FL 33031 US

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHAVARRIA, VICENTE A MD  
Address: 7400 N. KENDALL DRIVE # 309  
City-St-Zip: MIAMI, FL 33156 US

Title: VP (X) Change ( ) Addition  
Name: TIJERINO, MAURICIO MD  
Address: 1111 CRANDON BLVD. APT. A-204  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: CESPEDES, EDGARDO M MD  
Address: 11160 N. KENDALL DR. - SUITE 111  
City-St-Zip: MIAMI, FL 33176 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

01/24/2009

Electronic Signature of Signing Officer or Director

Date