

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28879

FILED
Apr 28, 2011
Secretary of State

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

Current Principal Place of Business:

3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 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:

VARGAS, R. ALBERTO M.D.
3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

VARGAS, ALBERTO R M.D.
3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 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: ALBERTO R. VARGAS M.D.

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VARGAS, ALBERTO R MD
Address: 3483 DOVECOTE MEADOW LANE
City-St-Zip: DAVIE, FL 33328 US

Title: VP
Name: SARAVIA, OSCAR A MD
Address: 11662 SW 152ND. CT.
City-St-Zip: MIAMI, FL 33196 US

Title: S
Name: LACAYO, ROLANDO E MD
Address: 10181 SW 92 AVENUE
City-St-Zip: MIAMI, FL 33176

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

Title: D
Name: PEÑA ALBA, CLAUDIA E MD
Address: 7511 SW 89 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D
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 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: ALBERTO R. VARGAS M.D.

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date