

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 10, 2011
Secretary of State

DOCUMENT# N28879

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:**11662 SW 152 CT
MIAMI, FL 33196 US**Current Mailing Address:**3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 US**New Mailing Address:**11662 SW 152 CT
MIAMI, FL 33196 US**FEI Number:** 65-0080114**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VARGAS, ALBERTO R M.D.
3483 DOVECOTE MEADOW LANE
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**SARAVIA, OSCAR A M.D.
11662 SW 152 CT
MIAMI, FL 33196 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: OAS

09/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: PALMA, AXELL F MD
Address: 10500 SW 108 AVE # B-307
City-St-Zip: MIAMI, FL 33176

Title: T
Name: LACAYO, MYRIAM MD
Address: 11301 SW 74 TERRACE
City-St-Zip: MIAMI, FL 33173 US

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

Title: D
Name: VARGAS, R ALBERTO
Address: 3483 DOVECOTE MEADOW LN
City-St-Zip: DAVIE, FL 33328 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: OSCAR A. SARAVIA, MD

P

09/10/2011

Electronic Signature of Signing Officer or Director

Date