

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28879

FILED  
Jan 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11662 SW 152 CT  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

11662 SW 152 CT  
MIAMI, FL 33196 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:**

SARAVIA, OSCAR A M.D.  
11662 SW 152 CT  
MIAMI, FL 33196 US

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

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:

\_\_\_\_\_  
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: R. ALBERTO VARGAS, MD

DIRE

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date