

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90023 007 \*\*\*\*61.25

**DOCUMENT # N40470**

1. Entity Name  
**FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.**



Principal Place of Business  
**12493 SW 9 STREET  
MIAMI, FL 33165**

Mailing Address  
**12493 SW 9TH ST  
MIAMI, FL 33184 US**

**DO NOT WRITE IN THIS SPACE**

01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0239795**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SAUD, MELBA P.  
12493 SW 9TH ST  
MIAMI, FL 33184**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SIGARROA, MIRIAM  
STREET ADDRESS 8760 SW 133RD AVENUE ROAD, APT. 218  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME LOZANO, RAUL  
STREET ADDRESS 600 E. 45 ST.  
CITY-ST-ZIP HIALEAH, FL

TITLE DPV  
NAME SAUD, ANTONIO  
STREET ADDRESS 12493 S.W. 9TH STREET  
CITY-ST-ZIP MIAMI, FL 33184

TITLE D PERAZA, LUCIA  
NAME PERAZA, LUCIA (OK)  
STREET ADDRESS 470 WEST 38TH PLACE  
CITY-ST-ZIP HIALEAH, FL

TITLE D  
NAME ROMARES, CARLOS  
STREET ADDRESS 2761 SW 76TH  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melba P. Saud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*01-30-06*

*305-559-9744*