

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# N40470

Entity Name: FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.

**Current Principal Place of Business:**

12493 SW 9 STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

12493 SW 9TH ST  
MIAMI, FL 33184 US

**New Mailing Address:**

FEI Number: 65-0239795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SAUD, MELBA P.  
12493 SW 9TH ST  
MIAMI, FL 33184 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: D ( ) Delete  
Name: SIGARROA, MIRIAM  
Address: 8760 SW 133RD AVENUE ROAD, APT. 218  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LOZANO, RAUL,  
Address: 600 E. 45 ST.  
City-St-Zip: HIALEAH, FL

Title: DPV ( ) Delete  
Name: SAUD, ANTONIO,  
Address: 12493 S.W. 9TH STREET  
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete  
Name: PERAZA, LUGIA N  
Address: 470 WEST 38TH PLACE  
City-St-Zip: HIALEAH, FL

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

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

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

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

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

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: ANTONIO SAUD

D

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date