

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40470

FILED  
Jan 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

12493 SW 9 STREET  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

12493 SW 9 STREET  
MIAMI, FL 33165 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 9 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  
Name: SIGARROA, MIRIAM  
Address: 8760 SW 133 AVENUE ROAD, APT 218  
City-St-Zip: MIAMI, FL US

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

Title: DPV  
Name: SAUD, ANTONIO  
Address: 12493 SW 9 STREET  
City-St-Zip: MIAMI, FL 33184 US

Title: D  
Name: PERAZA, LUGIA N  
Address: 470 WEST 38 PLACE  
City-St-Zip: HIALEAH, FL 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: ANTONIO SAUD

D

01/27/2011

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

\_\_\_\_\_  
Date