

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 037 ****70.00

DOCUMENT # N94000000125

1. Entity Name

**INTER-CULTURAL FAMILY HEALTH EDUCATION
CENTER, INC.**



Principal Place of Business

**2300 PALMM BEACH BLVD
STE 103
WEST PALM BEACH FL 33409
US**

Mailing Address

**2300 PALM BEACH BLVD
STE 103
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0458135

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMAIN, MD, GERARD
111 BRINEY AVENUE
POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of Gerard Romain, MD)

(NOTE: Registered Agent Signature Required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME ROMAIN, GERARD
STREET ADDRESS 111 BRINEY AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE T ☐ Delete
NAME NARCISSE, MARCELLE
STREET ADDRESS 18261 NE 7TH COURT
CITY-ST-ZIP MIAMI FL 33162

TITLE T ☐ Delete
NAME DAVILMAR, COLETTE K
STREET ADDRESS 165 CYPRESS TRACE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE T ☐ Delete
NAME ZEPHIRIN, MARCKENSON
STREET ADDRESS 2715 S. DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE T ☐ Delete
NAME ULRICK MOISE, JEAN
STREET ADDRESS 5710 N HAVERHILL RD
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE T ☐ Delete
NAME HYPPOLITE, MARIE
STREET ADDRESS 1626 DAVID ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33406

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gerard Romain, MD

(Signature of Gerard Romain, MD)
5-22-06