

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90027 036 ****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
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40100715



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04012008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0458135	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMAIN, MD, GERARD 111 BRINEY AVENUE POMPAHO BEACH, FL 33062	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOE ROMAIN, GERARD 111 BRINEY AVENUE POMPAHO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADET, JOCELINE 2100 WHITE PINE CIR GREENACRES, FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO DAVILMAR, COLETTE K 165 CYPRESS TRACE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ZEPHIRIN, MARCKENSON 2715 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC ULRICK MOISE, JEAN 5710 N HAVERHILL RD WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO HYPPOLITE, MARIE 1626 DAVID ROAD WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELTOR, DOMINIQUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7040 SEMINOLE PRATT WHITNEY RD SUITE 25-161 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerard Romain, MD **4-28-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #