

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 11, 2009**  
**Secretary of State**

DOCUMENT# N94000000125

**Entity Name:** INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, INC.**Current Principal Place of Business:**2300 PALMM BEACH BLVD  
STE 103  
WEST PALM BEAHC, FL 33409 US**New Principal Place of Business:****Current Mailing Address:**2300 PALMM BEACH BLVD  
STE 103  
WEST PALM BEAHC, FL 33409 US**New Mailing Address:****FEI Number:** 65-0458135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROMAIN, MD, GERARD  
111 BRINEY AVENUE  
POMPAÑO BEACH, FL 33062 US**Name and Address of New Registered Agent:**ABELLARD, YANICK M  
9334 HEATHRIDGE DRIVE  
WEST PALM BEACH, FL 33411 US

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: YANICK M ABELLARD

11/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PCEO ( ) Delete  
**Name:** ROMAIN, GERARD  
**Address:** 111 BRINEY AVENUE  
**City-St-Zip:** POMPAÑO BEACH, FL 33062**Title:** T ( ) Delete  
**Name:** CADET, JOCELINE  
**Address:** 2100 WHITE PINE CIR  
**City-St-Zip:** GREENACRES, FL 33415**Title:** TO ( ) Delete  
**Name:** SARAKA, MARIE A  
**Address:** 4695 LUCERNE LAKES BLVD, SUITE 202  
**City-St-Zip:** LAKE WORTH, FL 33467**Title:** TO ( ) Delete  
**Name:** ABELLARD, JEAN R  
**Address:** 6130 PLAINS DR  
**City-St-Zip:** LAKE WORTH, FL 33463**Title:** TC ( ) Delete  
**Name:** LAGUERRE, MARIE C  
**Address:** 4849 LAKE WORTH RD  
**City-St-Zip:** GREENACRES, FL 33463**Title:** TO ( ) Delete  
**Name:** HYPOLITE, MARIE  
**Address:** 1831 OAK BERRY CIR  
**City-St-Zip:** WEST PALM BEACH, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PCEO (X) Change ( ) Addition  
**Name:** ABELLARD, YANICK M  
**Address:** 9334 HEATHRIDGE DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33411**Title:** C (X) Change ( ) Addition  
**Name:** CADET, JOCELINE  
**Address:** 2100 WHITE PINE CIR  
**City-St-Zip:** GREENACRES, FL 33415**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TO (X) Change ( ) Addition  
**Name:** LAGUERRE, MARIE C  
**Address:** 4849 LAKE WORTH RD  
**City-St-Zip:** GREENACRES, FL 33463**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: YANICK M ABELLARD

PCEO

11/11/2009

Electronic Signature of Signing Officer or Director

Date