## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003017

FILED Feb 26, 2011 Secretary of State

Entity Name: CUBAN AMERICAN PSYCHIATRIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2161 PALM BEACH LAKES BLVD. #215

WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

2161 PALM BEACH LAKES BLVD. #215 WEST PALM BEACH, FL 33409

FEI Number: 65-0746435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DE LA GANDARA, JOSE E DE LA GANDARA, JOSE E MD 2161 PALM BEACH LAKES BLVD. #215 #215

WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 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: JOSE E DE LA GANDARA MD 02/26/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPC

 Name:
 DE LA GANDARA, JOSE E M.D.

 Address:
 2161 PALM BEACH LAKES BLVD., #215

 City-St-Zip:
 WEST PALM BEACH, FL 33409

Title: DT

Name: PEDRAZA, ANGELA M.D.

Address: 2161 PALM BEACH LAKES BLVD., #215

City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV

 Name:
 MILANES, FERNANDO M.D.

 Address:
 11541 S.W. 101 AVENUE

 City-St-Zip:
 MIAMI, FL 33176

Title: DS

Name: RODRIGUEZ, RIGOBERTO MD Address: 7400 N KENDALL DR 3 205

City-St-Zip: MIAMI, FL 33156

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: JOSE E DE LA GANDARA MD DPC 02/26/2011