

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2007
Secretary of State

DOCUMENT# N96000002347

Entity Name: VENEZUELAN AMERICAN MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**350 NW 84TH AVENUE
SUITE 102
PLANTATION, FL 33324 US**New Principal Place of Business:****Current Mailing Address:**350 NW 84TH AVENUE
SUITE 102
PLANTATION, FL 33324 US**New Mailing Address:****FEI Number:** 20-2478250**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VAISMAN, ISAAC
350 NW 84TH AVENUE
SUITE 102
PLANTATION, FL 33324 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:** P () Delete
Name: NUNEZ, DIEGO
Address: 10457 N.W. 56TH TERR.
City-St-Zip: MIAMI, FL**Title:** V () Delete
Name: BUSTAMANTE, CARLOS M
Address: 168 N.W. 2TH AVE., #606
City-St-Zip: N. MIAMI BEACH, FL**Title:** S () Delete
Name: ESPINOSA, RICARDO
Address: 13280 S.W. 101TH ST.
City-St-Zip: MIAMI, FL**Title:** T () Delete
Name: VAISMAN, ISAAC M
Address: 201 N PINE ISLAND RD
City-St-Zip: PLANTATION, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: INFANTE, JULIO ROBERTO
Address: 2253 SALERNO CIRCLE
City-St-Zip: WESTON, FL 33326**Title:** V (X) Change () Addition
Name: LAPCO, LEON
Address: 7800 NORTH UNIVERSITY DRIVE, SUITE 102
City-St-Zip: TAMARAC, FL 33321**Title:** S (X) Change () Addition
Name: ORTIZ, JESUS
Address: 5920 JOHNSON STREET, # 104
City-St-Zip: HOLLYWOOD, FL 33021**Title:** T (X) Change () Addition
Name: HURTADO, ANDREINA
Address: 15249 SW 35 STREET
City-St-Zip: DAVIE, FL 33351

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: ISAAC VAISMAN

DR

07/13/2007

Electronic Signature of Signing Officer or Director

Date