

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002347

FILED
Jan 20, 2010
Secretary of State

Entity Name: VENEZUELAN AMERICAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

302 NW 179TH AVE
202
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

2500 HALLANDALE BEACH BLVD
805
HALLANDALE BEACH, FL 33009 US

Current Mailing Address:

302 NW 179TH AVE
SUITE 202
PEMBROKE PINES, FL 33029 US

New Mailing Address:

2812 WESTON RD
125
WESTON, FL 33331 US

FEI Number: 20-2478250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURTADO, ANDREINA
302 NW 179TH AVE
SUITE 202
PEMBROKE PINES, FL 33029 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
Name: LAPCO, LEON
Address: 3530 MYSTIC POINTE TOWELL 500 APT 1110
City-St-Zip: AVENTURA, FL 33180

Title: V
Name: HENRIQUEZ, LEONARDO
Address: 2812
City-St-Zip: WESTON RD SUITE 125, FL 33331

Title: S
Name: INFANTE, JULIO ROBERTO
Address: 2253 SALERNO CIRCLE
City-St-Zip: WESTON, FL 33326

Title: T
Name: FOGEL, ROBERTO
Address: 3530 MYSTIC POINTE TOWELL 500 APT 1101
City-St-Zip: AVENTURA, FL 33180 US

Title: D
Name: HURTADO, ANDREINA
Address: 302 NW 179TH AVE SUITE 202
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: ANDREINA HURTADO

D

01/20/2010

Electronic Signature of Signing Officer or Director

Date