

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 09, 2010
Secretary of State

DOCUMENT# N99000005944

Entity Name: PROJECT MEDISHARE FOR HAITI, INC**Current Principal Place of Business:**8260 NORTHEAST 2ND AVENUE
MIAMI, FL 33138**New Principal Place of Business:****Current Mailing Address:**8260 NORTHEAST 2ND AVENUE
MIAMI, FL 33138**New Mailing Address:****FEI Number:** 65-0965848**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOISE, RUDOLPH ESQ.
671 NW 119TH STREET
NORTH MIAMI, FL 33168 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: PD
Name: GREEN, BARTH
Address: 620 SABAL PALM ROAD
City-St-Zip: MIAMI, FL 33137

Title: DR.
Name: FOURNIER, ARTHUR
Address: 4525 BANYAN LANE
City-St-Zip: MIAMI, FL 33137

Title: MS
Name: POWERS, ELLEN
Address: 1826 THOMAS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: MS
Name: JOSEPH, KETTEL
Address: 14325 NW 3 AVE
City-St-Zip: MIAMI, FL 33168

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: ELLEN POWERS

MS

03/09/2010

Electronic Signature of Signing Officer or Director

Date