2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000055179

1. Entity Name

HAITI MEDICAL CLINIC, INC. P.A.

Principal Place of Business	Mailing Address
5000 NE 2ND AVE MIAMI FL 33137	5000 NE 2ND AVE MIAMI FL 33137

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 54-2063849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLIARD, JOEL H MD
5000 NE 2ND AVE
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O Box Number is Not Acceptable)

City FL Zip Code

8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	POLIARD, JOEL H M.D.	
STREET ADDRESS	5000 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

000000555048
05/16/06-80016-023 150.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________ 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #