

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087503

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: GLOBAL MEDICAL CONEXIONS LATIN AMERICA, INC.

## Current Principal Place of Business:

4000 PONCE DE LEON, SUITE 470  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

4000 PONCE DE LEON, SUITE 470  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 26-3988616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND STREET  
SUITE 2900  
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition  
Name: FAERMAN, RICARDO  
Address: 4000 PONCE DE LEON, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Change (X) Addition  
Name: ZANIN, ENRIQUE  
Address: 4000 PONCE DE LEON, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Change (X) Addition  
Name: FAERMAN, JONATHAN  
Address: 4000 PONCE DE LEON, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Change (X) Addition  
Name: MAGNERES, MARIA JOSE  
Address: 4000 PONCE DE LEON, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO FAERMAN

P

06/02/2009

Electronic Signature of Signing Officer or Director

Date