2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P37582

Entity Name: INTERAMERICAN MEDICAL AND HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0299215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCA', MAURIZIO, DR.
7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143 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: CDP ( ) Delete
Name: LOCA, MAURIZIO DR
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VCD ( ) Delete
Name: LUCA', ANNA
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Delete
Name: LUCA', RAFFAELE
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LUCA, MAURIZIO DR
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VP (X) Change ( ) Addition
Name: LUCA', ANNA
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANNA LUCA VP 04/09/2008

Electronic Signature of Signing Officer or Director — Date