

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37582

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**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: P  
Name: LUCA, MAURIZIO DR  
Address: 7900 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

Title: VP  
Name: LUCA, ANNA DR  
Address: 7900 LOS PINOS CIRCLE  
City-St-Zip: CORAL GABLES, FL 33143

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: DR. MAURIZIO LUCA

P

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date