

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N21000008452

Entity Name: ASSOCIATION DES ANCIENS DE LA FACULTE DE MEDECINE
D HAITI INC.

Current Principal Place of Business:

16853 NE 2ND AVE STE 101
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16853 NE 2ND AVE STE 101
NORTH MIAMI BEACH, FL 33162

FEI Number: 87-1864742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US

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: UNITED STATES CORPOPRATION AGENTS, INC.

10/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROCHE, FRANCOIS R
Address 16853 NE 2ND AVE STE 101
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TD
Name PIERRE, STANLEY
Address 16853 NE 2ND AVE STE 101
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SD
Name DESROSIER, FLORENCE
Address 16853 NE 2ND AVE STE 101
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP
Name CREVECOEUR, JEAN-CLAUDE
Address 15812 SW 24TH ST
City-State-Zip: MIRAMAR FL 33027

Title A-TR
Name ORELUS, JEAN-PIERROT
Address 16853 NE 2ND AVE STE 101
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: JEAN-CLAUDE CREVECOEUR

VP

10/24/2023

Electronic Signature of Signing Officer/Director Detail

Date