

**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:**

15812 SW 24TH ST  
MIRAMAR, FL 33027

**Current Mailing Address:**

15812 SW 24TH ST  
MIRAMAR, FL 33027 US

**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.

**12/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ASST. SECRETARY  
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

**PRESIDENT**

**12/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date