SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46705 (2)

1. Corporation Name
PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FL ORIDA CHAPTER

Principal Place of Business	Mailing Address
351 NW LEJEUNE RD. STE. 202 MIAMI FL 33126 US	351 NW LEJEUNE RD. STE. 202 MIAMI FL 33126 US

2. Principal Place of Business
21 2472 North University Dr
22 Suite, Apt. #, etc.
23 City & State: Pembroke Pines, FL 33024
24 Zip: 33024
25 Country: Broward

2a. Mailing Address
26 2472 North University Drive
27 Suite, Apt. #, etc.
28 City & State: Pembroke Pines, FL 33024
29 Zip: 33024
30 Country: Broward

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 07/26/1995
4. FEI Number: 65-0310720
☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
PARDAVE, JULIO
351 NW LEJEUNE RD.
STE. 202
MIAMI FL 33126

10. **Name and Address of New Registered Agent**
81 Name: Gertrude Caplivski, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2472 NORTH UNIVERSITY DRIVE
83
84 City: PEMBROKE PINES
FL
85 Zip Code: 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARDAVE, JULIO E 351 NW LEJEUNE RD. MIAMI FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CAPLIVSKY, GERTRUDE M 6500 E. TROPICAL WAY PLANTATION FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LLERENA, OTTO M 817 LISBON ST. CORAL GABLES FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ORIHUELA, LUIS M 5350 LEITNER DRIVE E. CORAL SPRINGS FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CAPLIVSKI, GERTRUDE M 6500 E. TROPICAL WAY PLANTATION,FL 33317	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PE ORIHUELA, LUIS M 5350 LEITNER DRIVE E CORAL SPRING, FL 33067	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD CASTANEDA, EMILIO 2780 HACKNEY ROAD FORT LAUDERDALE,FL 33331	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T TAMAYO, ANA 2472 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ GERTRUDE L. CAPLIVSKI, MD. DATE _____ (954) 986-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR