2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State
04-13-2007 90173 032 ****66.25

DOCUMENT # N46705

1. Entity Name

PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FLORIDA CHAPTER

Principal Place of Business	Mailing Address
2472 NORTH UNIVERSITY DR PEMBROKE PINES FL 33024 US	2472 NORTH UNIVERSITY DR PEMBROKE PINES FL 33024 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1240 JEFFERSON ST	3336 Hollywood OAKS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: FORT LAUDERDALE FL
Zip: 33019 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 65-0310720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAMAYO, ANA M M.D. 2472 NORTH UNIVERSITY DR PEMBROKE PINES FL 33024	Name: MARIA R CICCIA Street Address (P.O. Box Number is not Acceptable): 3336 Hollywood OAKS DRIVE City: FORT LAUDERDALE FL Zip Code: 33312

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maria Ciccia TREASURER 4/2/07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOUTS, ROBERTO 3200 N OCEAN BLVD., STE 2808 FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P JOSE DONAYRE MD PRESIDENT 1240 JEFFERSON ST Hollywood FL 33019 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED ESPINOZA, LUIS 2473 SW 132 WAY DAVIE FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T MARIA CICCIA MD SAME ABOVE TREASURER ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUB, MARIO 20776 DIXIE HWY AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAMAYO, ANA 2472 NORTH UNIVERSITY DR PEMBROKE PINES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Ciccia 4/2/07 (954) 430-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #