FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061886

1. Entity Name
PAN-AMERICAN MEDICAL SERVICES CORP

90129910

Principal Place of Business	Mailing Address
1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139	1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11575 Heron Bay	11575 Heron Bay Blvd
Suite, Apt. #, etc.: 315	Suite, Apt. #, etc.: 315
City & State: Coral Springs	City & State: Coral Springs
Zip: 33076 Country: Broward	Zip: 33076 Country: Broward

4. FEI Number: 65-0885359 ☐ 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
SMITH, JAMES M 1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139	Name: Harry L. Martin Street Address (P.O. Box Number is Not Acceptable): 11575 Heron Bay Blvd Ste 315 City: Coral Springs FL Zip Code: 33076

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: Harry Lamar Martin (Signature, typed or printed name of registered agent and title if applicable.) May 1, 2003 Date (NOTE: Registered Agent signature required when reinstating)

FILE ANNUAL FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, JAMES M 1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139 ☐ Delete	PD Martin, H.L. As Above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD AZICRI, JACKOLINE 1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139 ☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TUCHI, JAMES J 1665 WASHINGTON AVE 2 FLOOR MIAMI BEACH, FL 33139 ☐ Delete	VD Smith, R.M. As Above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	D Paige, G.L. As Above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: H. L. Martin (Signature and typed or printed name of signing officer or director) 5/1/03 Date 954-753-7377 Daytime Phone #