

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002513

**FILED**  
**Jan 23, 2016**  
**Secretary of State**  
**CC8723848261**

**Entity Name:** COLOMBO AMERICAN MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

2761 RUNYON CIRCLE  
ORLANDO, FL 32837

**Current Mailing Address:**

15502 STONEYBROOK WEST PKWY  
STE #104 PMB 229  
WINTER GARDEN, FL 34787

**FEI Number:** 46-2284261

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEREZ, ANDRES  
2761 RUNYON CIRCLE  
ORLANDO, FL 32837 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	OTHER
Name	PEREZ, ANDRES	Name	DE ARCO, JAVIER L
Address	2761 RUNYON CIRCLE	Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	WINTER GARDEN FL 34787
Title	OTHER	Title	VP
Name	LOZANO, HECTOR	Name	MONTOYA, MARIBEL
Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229	Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787
Title	SECRETARY	Title	OTHER
Name	RAMIREZ, MARCELA	Name	CASTANO, RAUL
Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229	Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787
Title	OTHER	Title	OTHER
Name	CARRIZOSA, JAIME	Name	MILLER, JAVIER
Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229	Address	15502 STONEYBROOK WEST PKWY STE #104 PMB 229
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

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*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:** A NICOLAS FERNANDEZ

**TREASURER**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER  
Name FERNANDEZ, NICOLAS  
Address 15502 STONEYBROOK WEST PKWY  
STE #104 PMB 229  
City-State-Zip: WINTER GARDEN FL 34787

Title OTHER  
Name ESCANDON, JUAN C  
Address 15502 STONEYBROOK WEST PKWY  
STE #104 PMB 229  
City-State-Zip: WINTER GARDEN FL 34787

Title OTHER  
Name ORREGO, JOHN  
Address 15502 STONEYBROOK WEST PKWY  
STE #104 PMB 229  
City-State-Zip: WINTER GARDEN FL 34787