2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002513

Entity Name: COLOMBO AMERICAN MEDICAL ASSOCIATION, INC.

FILED Mar 04, 2018 **Secretary of State** CC5602644455

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:

Electronic Signature of 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:

Date

Officer/Director Detail:

Title OTHER Title **PRESIDENT**

PEREZ, ANDRES LOZANO, HECTOR F Name Name

Address 2761 RUNYON CIRCLE Address 15502 STONEYBROOK WEST PKWY

STE #104 PMB 229

ORLANDO FL 32837 City-State-Zip: City-State-Zip: WINTER GARDEN FL 34787

Title **OTHER**

Title **OTHER** Name RAMIREZ, MARCELA

Name CASTANO, RAUL 15502 STONEYBROOK WEST PKWY Address

15502 STONEYBROOK WEST PKWY Address STE #104 PMB 229 STE #104 PMB 229

WINTER GARDEN FL 34787

City-State-Zip: City-State-Zip: WINTER GARDEN FL 34787

Title **OTHER**

VΡ Title Name CARRIZOSA, JAIME Name

MILLER. JAVIER 15502 STONEYBROOK WEST PKWY Address 15502 STONEYBROOK WEST PKWY

Address STE #104 PMB 229

STE #104 PMB 229 City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip: WINTER GARDEN FL 34787

Title **OTHER**

Title OTHER Name ESCANDON, JUAN C

ORREGO, JOHN Name 15502 STONEYBROOK WEST PKWY Address

15502 STONEYBROOK WEST PKWY Address STE #104 PMB 229

STE #104 PMB 229 WINTER GARDEN FL 34787

City-State-Zip: 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.

03/04/2018 SIGNATURE: HECTOR LOZANO **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title EXECUTIVE DIRECTOR

Name MELENDEZ, MARTHA

Address 15502 STONEYBROOK WEST

City-State-Zip: WINTER GARDEN FL 34787

Title SECRETARY

Name CASTANO, DIANA

Address 15502 STONEYBROOK WEST PKWY

STE #104 PMB 229

City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER

Name ECHAVARRIA, FABIO

Address 15502 STONEYBROOK WEST PKWY

STE #104 PMB 229

City-State-Zip: WINTER GARDEN FL 34787