

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010831

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC3503483205**

**Entity Name:** COAMED FOUNDATION INC

**Current Principal Place of Business:**

2761 RUYNON CIRCLE  
ORLANDO, FL 32837

**Current Mailing Address:**

15502 STONEYBROOK WEST PKWY.  
SUITE 104 PMB 229  
WINTER GARDEN, FL 34787

**FEI Number:** 81-0696306

**Certificate of Status Desired:** No

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

LOZANO, HECTOR F DR.  
2761 RUYNON 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:** HECTOR LOZANO

01/22/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name PEREZ, ANDRES DR.  
Address 2761 RUYNON CIRCLE  
City-State-Zip: ORLANDO FL 32837

Title BOARD MEMBER  
Name LOZANO, HECTOR F DR.  
Address 15502 STONEYBROOK WEST PKWY.  
SUITE 104 PMB 229  
City-State-Zip: WINTER GARDEN FL 34787

Title BOARD MEMBER  
Name RAMIREZ, MARCELA DR.  
Address FAMILY PHYSICIANS GROUP  
6320 OLD WINTER GARDEN ROAD  
City-State-Zip: ORLANDO FL 32835

Title VC  
Name FERNANDEZ, NICOLAS DR.  
Address 5203 TILDENS GROVE BLVD  
City-State-Zip: WINDERMERE FL 34786

Title ASST. TREASURER  
Name CARDENAS, JOHAN  
Address 945 S ORANGE AVE  
City-State-Zip: ORLANDO FL 32806

Title BOARD MEMBER  
Name ALEXANDER, GREGOR DR.  
Address 83 W MILLER STREET  
ALEXANDER CENTER FOR NEONATAL  
CARE  
City-State-Zip: ORLANDO FL 32806

Title SECRETARY  
Name SANTODOMINGO, MIGUEL ESQ.  
Address 495 N. KELLER RD. SUITE 150  
City-State-Zip: MAITLAND FL 32751

Title TREASURER  
Name CANIZALES-WALTERS, SINDY  
Address 1000 LEGION PL STE 1400  
City-State-Zip: ORLANDO FL 32801-1041

**Continues on page 2**

*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:** ANDRES PEREZ

CHAIRMAN

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name RESTREPO, MARCELA  
Address 40 W CRYSTAL LAKE ST  
City-State-Zip: ORLANDO FL 32806

Title BOARD MEMBER  
Name MANRIQUE, JENNY PAOLA  
Address 424 E. CENTRAL BLVD #151  
City-State-Zip: ORLANDO FL 32801

Title BOARD MEMBER  
Name LOPEZ, FERMIN ESQ.  
Address 801 NORTH ORANGE AVENUE SUITE  
830, TOP FLOOR  
City-State-Zip: ORLANDO FL 32801