

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010831

FILED
Apr 05, 2017
Secretary of State
CC6536990643

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

04/05/2017

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

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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: HECTOR LOZANO

BOARD MEMBER

04/05/2017

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