

F9600006550

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SALVADORAN AMERICAN MEDICAL Society, Inc.
(Name of Corporation)

600002029206--0
-12/13/96--01094--003
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JAMES Q. ABLES
(Name of Person)

Salvadoran American Medical Society
(Firm/Company)

9509 S. Dixie Highway, Suite 218
(Address)

Miami, Florida 33156
(City, State and Zip Code)

For further information concerning this matter, please call:

James Q. Ables
(Name of Person)

at (305) 412 - 9435
Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 95-4419511

(FBI number, if applicable)

4. OCTOBER 21, 1993

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or perpetual)

6. OCTOBER 1, 1996

(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)

7. Salvadoran American Medical Society

9509 South Dixie Hwy, #218, Miami, FL 33156
(Current mailing address)

8. ADMINISTER COMMUNICATIONS OF MEMBERSHIP
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

CARLOS E. ALVAREZ, M.D.
(Name)

3661 S. Miami Av. #1006
(Office address)

Miami
(City)

Florida

33133
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CE Alvarez

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: N/A
Address: _____

Vice Chairman: N/A
Address: _____

Ex-Pm Director: DR. CARLOS MONTROYA
Address: BAY HOSPITAL - 3959 BROADWAY RM 255 N.
NEW YORK, NY 10032

Director: DR. JUAN JOSE ARCE SUAREZ
Address: 3920 LOCUST AVE.
LONG BEACH, CA 90807

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: DR. CARLOS E. ALVAREZ
Address: 3661 S. MIAMI AVE. #1006
MIAMI, FLORIDA 33133

Ex-Vice President: DR. BENJAMIN FTERIANO
Address: 914 SANDPIPER
SUGAR LAND, TX 77478

Secretary/Treas - DR. ANTONIO MANCIA
Address: 21135 NASHVILLE ST.

Treasurer: CHATS WORTH, CA 91311
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. CE Alvarez
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
CARLOS E. ALVAREZ, PRESIDENT
(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 21st day of October, 19 93,

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of

October 30, 1996



Bill Jones

Secretary of State