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Mar 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006550 (5)

1. Corporation Name

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

Principal Place of Business

9509 S DIXIE HWY #218
MIAMI FL 33156

Mailing Address

9509 S DIXIE HWY #218
MIAMI FL 33156-2802



3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

95-4419511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, CARLOS E MD
3661 S MIAMI AVE #1006
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *P.D. Director* ☐ DELETE
NAME MONTOYA, CARLOS DR
STREET ADDRESS BABY HOSPITAL, 3959 BROADWAY RM 255 N
CITY-ST-ZIP NY NY 10032

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE *D* ☐ DELETE
NAME SUAREZ, JUAN JOSE ARCE DR
STREET ADDRESS 3920 LOCUST AVE
CITY-ST-ZIP LONG BCH CA 90807

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE *P.D.* ☐ DELETE
NAME ALVAREZ, CARLOS E DR
STREET ADDRESS 3661 S MIAMI AVE #1006
CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE *P.D.* ☐ DELETE
NAME INTERIANO, BENJAMIN DR
STREET ADDRESS 914 SANDPIPER
CITY-ST-ZIP SUGAR LAND TX 77478

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE *ST* ☐ DELETE
NAME MANCIA, ANTONIO DR
STREET ADDRESS 21135 NASHVILLE ST
CITY-ST-ZIP CHATSWORTH CA 91311

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)