

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F946000006550

1. Entity Name

Principal F Salvadoran American Medical Society
1172 South Dixie Highway
PMB 344
Coral Gables, FL 33146-2918

2. Principal Place of Business

Coral Gables
 Suite, Apt. #, etc.
PMB 344

3. Mailing Address

1172 S. Dixie Hwy
 Suite, Apt. #, etc.
PMB 344

FILED
 01 JAN -2 PM 4:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

City & State

Coral Gables, FL
 Zip 33146 Country DADE

City & State

Coral Gables, FL
 Zip 33146 Country DADE

4. FEI Number

95-4419511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Carlos Emilio Alvarez, M.D.
7020 Mirabello Street
Coral Gables, FL 33143

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 Carlos Emilio Alvarez, M.D.

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

DATE

Dec. 4, 2000

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME President
 STREET ADDRESS antonio mancic, M.D.
 CITY-ST-ZIP 21135 Nashville St.
Chatswood, CA 91311

TITLE Change Addition
 NAME President
 STREET ADDRESS Richard Nuila, M.D.
 CITY-ST-ZIP 8 Jefferson ct.
Houston, TX 77024

TITLE Delete
 NAME Secretary
 STREET ADDRESS Donnee Belfaro, M.D.
 CITY-ST-ZIP 244 Viewpoint Dr. Danville CA 94506

TITLE Change Addition
 NAME Secretary
 STREET ADDRESS alfonso Saade, M.D.
 CITY-ST-ZIP 1106 Brookhollow Dr.
JACKSONVILLE, TX 75766

TITLE Delete
 NAME Treasurer
 STREET ADDRESS carlos Emilio Alvarez, M.D.
 CITY-ST-ZIP 7020 Mirabello St.
Coral Gables, FL 33143

TITLE Change Addition
 NAME 600003533876--?
 STREET ADDRESS -01/11/01--01108--006
 CITY-ST-ZIP ****150.00 ****150.00

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Carlos Emilio Alvarez, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 4, 2000

Date

Daytime Phone #

CR2E034 (9/99)