

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **File 0000006550**

1. Entity Name

Principal F

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

FILED

01 JAN -2 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**CORAL GABLES**

Suite, Apt. #, etc.

**PMB 344**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**DADE**

3. Mailing Address

**1172 S. Dixie Hwy**

Suite, Apt. #, etc.

**PMB 344**

City & State

**Coral Gables, FL**

Zip

**33146**

Country

**DADE**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**95-4419511**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**Carlos Emilio Alvarez, M.D.**  
7020 Minidello 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Dec. 4, 2000**

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 \$550.00**

**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

TITLE **President** ☒ Delete

NAME **antonio mancia, M.D.**

STREET ADDRESS **2135 Nashville St.**

CITY-ST-ZIP **Chatsworth, CA 91311**

TITLE **Secretary** ☒ Delete

NAME **Dennis DeFaro, M.D.**

STREET ADDRESS **244 Viewpoint Dr.**

CITY-ST-ZIP **Danville, CA 94506**

TITLE **Treasurer** ☐ Delete

NAME **Carlos Emilio Alvarez, M.D.**

STREET ADDRESS **7020 Minidello St.**

CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition

NAME **Richard Nuila, M.D.**

STREET ADDRESS **8 JIFFINS CT.**

CITY-ST-ZIP **Houston, TX 77024**

TITLE **Secretary** ☒ Change ☐ Addition

NAME **alfonso Saade, M.D.**

STREET ADDRESS **1106 Brookhollow Dr.**

CITY-ST-ZIP **JACKSONVILLE, TX 75766**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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)