

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90011 049 ****61.25

DOCUMENT # F96000006550

1. Entity Name

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

Principal Place of Business

**1172 SOUTH DIXIE HIGHWAY.. PMB 344
 CORAL GABLES FL 33146-2918**

Mailing Address

**1172 SOUTH DIXIE HIGHWAY.. PMB 344
 CORAL GABLES FL 33146-2918**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ALVAREZ, CARLOS E MD
 7020 MINDELLO STREET
 CORAL GABLES FL 33143**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **NUILA, RICHARD MD**
 CITY-ST-ZIP **8 JIFFEN CT
 HOUSTON TX 77024**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **FRANCISCO MEDINA MD**
 CITY-ST-ZIP **2000 SW 59 AVE. PLANTATION FL 33317**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SAADE, ALFONSO MD**
 CITY-ST-ZIP **1100 BROOKHOLLOW DR
 JACKSONVILLE TX 75766**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ALVAREZ, CARLOS E DR**
 CITY-ST-ZIP **7020 MINDELLO ST
 CORAL GABLES FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **MANCIA, ANTONIO MD**
 CITY-ST-ZIP **21135 NASHVILLE
 CHATSWORTH CA 91311**

TITLE ☒ Change ☐ Addition
 NAME **PAST PRESIDENT**
 STREET ADDRESS **RICHARD NUILA MD**
 CITY-ST-ZIP **8 JEFFERSON CT. HOUSTON TX 77024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT ELECT**
 STREET ADDRESS **FRANKLIN CASTILLO MD**
 CITY-ST-ZIP **12215 BEACON HILL DR. PLYMOUTH MI 48170**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

2/15/02 305-668-6477

CR2E037 (9/01)