

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90001 021 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L51126** ✓

1. Corporation Name

PAN AM MEDICAL REVIEW, INC.

Principal Place of Business

7650 CORPORATE CENTER DR #400
MIAMI FL 33126
US

Mailing Address

7650 CORPORATE CENTER DR #400
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1990

4. FEI Number

65-0172979

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 owes the current year
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

GEMMA, ROSELLO
7650 CORPORATE CENTER DR #400
MIAMI FL 33126

10. Name and Address of New Registered Agent

81

Name **MICHAEL J. MORA**

82

Street Address (P.O. Box Number is Not Acceptable)
701 NW. 57th. AVE SUITE 200

83

MIAMI, FLA.

84

City

FL

85

Zip Code
33126

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

7-27-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **HERNANDEZ, ALBERTO M.**

STREET ADDRESS **3860 W. FLAGLER ST**

CITY-ST-ZIP **MIAMI FL**

TITLE **TS** ☒ DELETE

NAME **GEMMA ROSELLO**

STREET ADDRESS **7650 CORPORATE CENTER DR #400**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐

Change

☒

Addition

1.2 NAME

MICHAEL J. MORA

1.3 STREET ADDRESS

701 NW. 57th. AVE SUITE 200

1.4 CITY-ST-ZIP

MIAMI FLA. 33126

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, 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 #

7-27-99 305-263-9823

CR2E034 (5/99)