2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90033 012 ****61.25

DOCUMENT # N03000002722

1. Entity Name

PAN AMERICAN MEDICAL ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
635 NORTH MAITLAND AVENUE MAITLAND FL 32751	635 NORTH MAITLAND AVENUE MAITLAND FL 32751

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
PO Box 536488	PO Box 536488
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL.	City & State: Orlando, FL.
Zip: 32853-6488 Country: USA	Zip: 32853-6488 Country: USA

4. FEI Number: 59-2470871 ☐ 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
PACHECO, LADY 604 BIRCH BOULEVARD ALTAMONTE SPRINGS FL 32701	Name: Jose' M. Mandry, MD Street Address (P.O. Box Number is Not Acceptable): 1561 W. Fairbanks Ave. Ste 200 City: Winter Park FL Zip Code: 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/22/06
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPMAN, ENRIQUE M.D. 60 W. GORE STREET ORLANDO FL 32806	☑ Delete	PD Jose' M. Mandry M.D. 1561 W. Fairbanks Ave, Suite 200 Winter Park, FL. 32789	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMBO, JORGE M.D. 2231 N. BLVD WEST DAVENPORT FL 33837	☑ Delete	VD Chapman, Enrique M.D. 60 W. Gore St. Orlando, FL. 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARNAUD, OSCAR M.D. 5201 RAYMOND STREET ORLANDO FL 32803	☑ Delete	S Jorge Garcia M.D. 3813 Oakwater Circle Orlando, FL. 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANDRY, JOSE M.D. 1561 FAIRBANKS AVE. SUITE 200 WINTER PARK FL 32789	☐ Delete	T Harry Shephard M.D. 661 E. Altamonte Dr. Ste 325 Altamonte Springs, FL. 32701	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ Jose' M. Mandry, MD 2/22/06 407-331-7172