

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002722

FILED
May 09, 2008
Secretary of State

Entity Name: PAN AMERICAN MEDICAL ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 536488
ORLANDO, FL 328536488

New Principal Place of Business:

5215 TURKEY LAKE ROAD
ORLANDO, FL 32819 US

Current Mailing Address:

P.O. BOX 536488
ORLANDO, FL 328536488

New Mailing Address:

FEI Number: 59-2470871 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANDRY, JOSE' M MD
1561 W. FAIRBANKS AVE
SUITE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FERNANDEZ, MERCEDES A MD
5215 TURKEY LAKE ROAD
ORLANDO, FL 32819 US

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: MERCEDES A. FERNANDEZ

05/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANDRY, JOSE' M MD
Address: 1561 W. FAIRBANKS AVE., SUITE 200
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: CHAPMAN, ENRIQUE M.D.
Address: 60 W. GORE ST
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: GARCIA, JORGE M.D.
Address: 3813 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: SHEPHARD, HARRY M.D.
Address: 661 E. ALTAMONTE DR., SUITE 325
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PACHECO, CARLOS A MD
Address: 635 NORTH MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751 US

Title: VD (X) Change () Addition
Name: JIMENEZ, RAFAEL M.D.
Address: 804 NORTH ROSE AVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S (X) Change () Addition
Name: SUAREZ, JUAN P M.D.
Address: 25 WEST KALEY STREET SUITE 200-A
City-St-Zip: ORLANDO, FL 32806 US

Title: T (X) Change () Addition
Name: FERNANDEZ, MERCEDES A M.D.
Address: 5215 TURKEY LAKE ROAD
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERCEDES A FERNANDEZ

T

05/09/2008

Electronic Signature of Signing Officer or Director

Date