

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002722

FILED  
Feb 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5215 TURKEY LAKE ROAD  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LUGO, MIGUEL MD  
Address: 130 STONEHILL DR  
City-St-Zip: MAITLAND, FL 32751 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MIGUEL LUGO

M.D.

02/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date