

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002722

FILED
Jan 20, 2010
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:

9772 CAMBERLEY CIRCLE
ORLANDO, FL 32836 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:

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

Name and Address of New Registered Agent:

VELEZ, OSVALDO MD
1931 BREEZY HILL DR
WINDERMERE, FL 34786 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: OSVALDO VELEZ MD

01/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SEGARRA, THOMAS MD
Address: 9772 CAMBERLEY CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

Title: V
Name: LUGO, MIGUEL M.D.
Address: 130 STONEHILL DR
City-St-Zip: MAITLAND, FL 32751 US

Title: S
Name: LUGO, EDUARDO M.D.
Address: 115 STONEHILL DR
City-St-Zip: MAITLAND, FL 32751 US

Title: T
Name: VELEZ, OSVALDO M.D.
Address: 1931 BREEZY HILL DR
City-St-Zip: WINDERMERE, FL 34786 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS SEGARRA MD

P

01/20/2010

Electronic Signature of Signing Officer or Director

Date