

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002722

FILED  
Mar 10, 2011  
Secretary of State

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

**Current Principal Place of Business:**

9772 CAMBERLEY CIRCLE  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

803 WETSTONE PLACE  
SANFORD, FL 32771 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 ( )**

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

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

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

JIMENEZ, RAFAEL MD  
10957 EMERALD CHASE DR  
ORLANDO, FL 32836 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: RAFAEL JIMENEZ MD

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ORTEGA, GREGORIO MD  
Address: 803 WETSTONE PLACE  
City-St-Zip: SANFORD, FL 32771 US

Title: VP  
Name: SEGARRA, THOMAS M.D.  
Address: 9772 CAMBERLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32836 US

Title: S  
Name: PEREZ IZQUIERDO, MANUEL R M.D.  
Address: 232 MAISON CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T  
Name: JIMENEZ, RAFAEL M.D.  
Address: 10957 EMERALD CHASE DR  
City-St-Zip: ORLANDO, FL 32836 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: RAFAEL JIMENEZ MD

T

03/10/2011

Electronic Signature of Signing Officer or Director

Date