

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002722

FILED
Apr 18, 2012
Secretary of State

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

Current Principal Place of Business:

803 WETSTONE PLACE
SANFORD, FL 32771 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:

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

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date