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Aug 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46705 (2)

1. Corporation Name

PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FL
ORIDA CHAPTER

Principal Place of Business

2472 NORTH UNIVERSITY DR
STE. 202
PEMBROKE PINES FL 33024
US

Mailing Address

2472 NORTH UNIVERSITY DR
STE. 202
PEMBROKE PINES FL 33024-3616
US



3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0310720

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPLIVSKI, GERTRUDE M D
2472 NORTH UNIVERSITY DR
STE. 202
PEMBROKE PINES FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sandra B. Mortham*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *Aug. 4. 97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CAPLIVSKI, GERTRUDE M
STREET ADDRESS 6500 E TROPICAL WAY
CITY-ST-ZIP PLANTATION FL

TITLE PE ☐ DELETE
NAME ORIHUELA, LUIS M
STREET ADDRESS 5350 LEITNER DR E
CITY-ST-ZIP CORAL SPRING FL

TITLE SD ☐ DELETE
NAME CASTANDEA, EMILIO
STREET ADDRESS 2780 HACKNEY RD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE
NAME TAMAYO, ANA
STREET ADDRESS 2472 NORTH UNIVERSITY DR
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2131 N.E. 32nd Ave
1.4 CITY-ST-ZIP FORT LAUDERDALE FL. 33305

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Gertrude L. Caplivski (954)
GERTRUDE L. CAPLIVSKI

CR2E037 (9/96)