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May 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US

2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US



3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

65-0310720

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAPLIVSKI, GERTRUDE M  
STREET ADDRESS 2131 NE 32ND AVE  
CITY-ST-ZIP FT LAUDERDALE FL

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME LUIS ORIHUELA MD,  
1.3 STREET ADDRESS 5350 LEITNER DR. E,  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33067

2.1 TITLE PED  
2.2 NAME VICTOR KOO  
2.3 STREET ADDRESS 4415 WOODFIELD BLVD  
2.4 CITY-ST-ZIP BOCA RATON, FL 33434

3.1 TITLE SD  
3.2 NAME FERNANDO ADATYLEON MD  
3.3 STREET ADDRESS 6240 SW 116 ST  
3.4 CITY-ST-ZIP MIAMI FL 33156

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

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

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

14. I 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.

SIGNATURE:

Gertrude M. D.

04/17/98 954 4361302

CR2E037 (10/97)