

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90101 030 \*\*\*\*61.25

**DOCUMENT # N46705**

1. Corporation Name

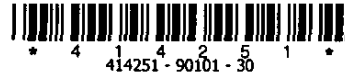
**PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FL  
ORIDA CHAPTER**

Principal Place of Business

**2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US**

Mailing Address

**2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US**



414251 - 90101 - 30



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified -  
**01/06/1992**

4. FEI Number  
**65-0310720**

Applied For  
Not Applicable

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

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

9. Name and Address of Current Registered Agent

**CAPLIVSKI, GERTRUDE M D  
2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

**81** Name **ANA M. TAMAYO M.D.**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**2472 N. UNIVERSITY DR.**  
**83** **PEMBROKE PINES**  
**84** City **FL** **85** Zip Code **33024**

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 **ANAM M.D. ANA M. TAMAYO M.D.** **04/22/99**  
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** ☐ DELETE  
NAME **ORIHUELA, LUIS MD**  
STREET ADDRESS **5350 LEITNER DR. E.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **PED** ☐ DELETE  
NAME **KOO, VICTOR**  
STREET ADDRESS **4415 WOODFIELD BLVD.**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **SD** ☐ DELETE  
NAME **AMATYLEON, FERNANDO MD**  
STREET ADDRESS **6240 S.W. 116 ST.**  
CITY-ST-ZIP **MIAMI FL 33156**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/99 (954) 4361300**  
Date Daytime Phone #

CR2E037 (1/198)

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