

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90035 031 \*\*\*\*61.25

**DOCUMENT # N46705**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0310720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAMAYO, ANA M.D.  
 2472 NORTH UNIVERSITY DR  
 PEMBROKE PINES FL 33024**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FIRE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KOO, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS	4415 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	PED CORVIS, ROBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	3200 N OCEAN BLVD, STE 2808	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE NAME	SD YENYON, SALAZAR	<input type="checkbox"/> Delete
STREET ADDRESS	4416 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	T TAMAYO, ANA	<input type="checkbox"/> Delete
STREET ADDRESS	2472 NORTH UNIVERSITY DR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	COQUIS ROBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	YENTON SALAZAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED TAMAYO**

**4/18/02 954-4361300**

CR2E037 (9/01)