

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N46705	
1. Entity Name PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FLORIDA 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
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02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0310720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAMAYO, ANA M.D. 2472 NORTH UNIVERSITY DR PEMBROKE PINES, FL 33024

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COQUIS, ROBERTO 3200 N OCEAN BLVD., STE 2808 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED ESPINOZA, LUIS 2473 SW 132 WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUB, MARIO 20776 DIXIE HWY AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAMAYO, ANA 2472 NORTH UNIVERSITY DR PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ANA M TAMAYO 02/20/04 9544361300
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #