

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46705

FILED
Aug 30, 2005
Secretary of State

Entity Name: PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FLORIDA CHAPTER

Current Principal Place of Business:

2472 NORTH UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2472 NORTH UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0310720 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COQUTS, ROBERTO
Address: 3200 N OCEAN BLVD., STE 2808
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PED () Delete
Name: ESPINOZA, LUIS
Address: 2473 SW 132 WAY
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: RUB, MARIO
Address: 20776 DIXIE HWY
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: TAMAYO, ANA
Address: 2472 NORTH UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ESPINOZA

PED

08/30/2005

Electronic Signature of Signing Officer or Director

Date