


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46705</b>		
1. Entity Name <b>PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FLORIDA CHAPTER</b>		
Principal Place of Business <b>1240 JEFFERSON ST HOLLYWOOD, FL 33019 US</b>	Mailing Address <b>3336 HOLLYWOOD OAKS DR FORT LAUDERDALE, FL 33312 US</b>	



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>CICCIA, MARIA R 3336 HOLLYWOOD OAKS DR FORT LAUDERDALE, FL 33312</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RUB, MARIO 20776 DIXIE HWY AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DONAYRE, JOSE MD 1240 JEFFERSON ST HOLLYWOOD, FL 33019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CICCIA, MARIA MD 1240 JEFFERSON ST HOLLYWOOD, FL 33019</b>
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02/21/08-80080-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Maria Ciccio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(954) 430-6808*