

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46705

FILED  
Apr 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1240 JEFFERSON ST  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

2472 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

3336 HOLLYWOOD OAKS DR  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

2472 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0310720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CICCIA, MARIA R  
3336 HOLLYWOOD OAKS DR  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

TAMAYO, ANA M M.D.  
2472 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 333024 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: ANA M. TAMAYO M.D.

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: DONAYRE, JOSE MD  
Address: 1240 JEFFERSON ST  
City-St-Zip: HOLLYWOOD, FL 33019

Title: T ( ) Delete  
Name: CICCIA, MARIA MD  
Address: 1240 JEFFERSON ST  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: UNGARO, RUBEN M.D.  
Address: 1880 EAST COMMERCIAL BLVD.SUITE C  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: P (X) Change ( ) Addition  
Name: YANKE, WALTER MD  
Address: 2136 N. PORPOISE POINT  
City-St-Zip: VERO BEACH, FL 32963

Title: T (X) Change ( ) Addition  
Name: TAMAYO, ANA M MD  
Address: 2472 N. UNIVERSITY DR.  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANA M. TAMAYO M.D.

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date