Department of State Division of Corporations Department of State Division Department of State Department of State Division Department of State Division Departme

Tallahassee, FL 32314

600001892706 -07/12/96--01093--001 ++**122.50

SUBJECT:	Panamanian American Medical Association, Inc.
	(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate & Certificate	☑\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy
	& Certificate	обру	Certinea Cop

FROM:	Roberto Reyna, M.D.	_
	Name (Printed or typed)	TALLS
	3661 S. Miami Ave. Suite 609 Address	12 T
	Miami, Fl. 33133 City, State & Zip	AN 8:53
	(305) 856-6167 Daytime Telephone number	ŕ

JUL 12 1996 BSB

NOTE: Please provide the original and one copy of the articles.

OF

96 JUL 12 AM 8:53

PANAMANIAN AMERICAN MEDICAL ASSOCIATION, INC. TALLAHASSEE, FLORIDA

A Florida Nonprofit Corporation

Article 1. Name. The name of the Corporation is: Panamanian American Medical Association, Inc.

Article 2. Address. The address of the initial principal office is: 3661 South Miami Avenue, Suite 609 Miami, Florida The mailing address is: 3661 South Miami Avenue, Suite 609 Miami, Florida.

Article 3. Purposes. The purposes of the Corporation are as follows:

- A. This Corporation is a non-for-profit corporation organized under Chapter 617, Florida Statutes. It is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including for such purposes the making of distribution to organizations that qualify as exempt under Section 501(c)(3) of the Internal Revenue Code. It is not organized for the private gain of any person. The specific Purposes objectives and of this Corporation are:
- a. To increase and further the education and knowledge of its members in all fields of medicine;
- b. To provide the setting and opportunity for the exchange of new ideas and techniques in medicine through lectures, presentation of scientific papers and meetings which encourage the active participation of its members;
- c. To promote and maintain the highest possible ethical standards in the practice of medicine;
- d. To encourage and promote the publication of scientific papers written by its members;
- To improve medical, educational and cultural relations between Panama, United States of American and other Professional Foreign Medical Associations;
- f. To sponsor and promote projects and activities that improve the health and quality of life of Panamanian and American citizens; and
- g. To exercise all rights and powers conferred by the laws of the State of Florida upon nonprofit corporations.

B. The Corporation shall not, however, engage in any action which is not permitted to be carried on by nonprofit corporation Internal Revenue Code and no part of the net earning of the Corporation shall inure to the benefit of or be authorized and empowered to pay reasonable compensation to these people for services rendered, and to make payments and distributions in furtherance of its stated purposes.

Article 4. Directors. The By Laws shall provide for the method of election of directors.

Article 5. Initial Registered Office and Agent. The registered office is the same as the corporation's address. The name and address of the initial registered agent is:

Roberto Reyna, M.D. 3661 South Miami Avenue #429 Miami, FL 33133

Article 6. Incc porators. The names and addresses of the incorporators of this Corporation are Doctors:

Reyna, Roberto 3661 S. Miami Avenue, #609 Miami, FL 33133 Henriquez, Gabriel 11001 S.W. 26 St. Miami, FL 33165 Solvey St. Miami, FL 33165 Solvey St. Miami, FL 33165 Solvey Solve

IN WITNESS WHEREOF, the undersigned have signed these Articles of Incorporation on this 15th day of July of 1996.

Signature of Incorporator

REGISTERED AGENT'S ACCEPTANCE

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in this application, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated: July 9, 1996 Registered Agent's Signature: Kalento Cegna ALB
Name: ROBERTO REYNA, HD.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	Panamanian Americ	an Medical Association	n. Inc.	
	(mus	it include suffix)		
. The name and ad	lress of the registered a	gent and office is:		
	Roberto Re	yna, M.D. (Nаме)		ALLE MAN
	2664 0	•		THE SECOND SECOND
	(P.O. Box or Mail D	orop Box NOT ACCEPTABLE)		C. Color
	Miami, Fl.	33133 Y/STATE/ZIP)		Allin
wing heen named.		-		
iving been named o	s registered agent and	t to accept service of proc ficate, I hereby accept the a	ess for the	above stated

the obligations of my position as registered agent.