2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003693

1. Entity Name

PANAMANIAN AMERICAN MEDICAL ASSOCIATION, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-09-2000 90054 042 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~9549 SUNSET DRIVE~~	~~9549 SUNSET DRIVE~~
~~MIAMI FL 33173~~	~~MIAMI FL 33173-3247~~

2. Principal Place of Business	3. Mailing Address
11100 SW 73rd Ave	11100 SW 73rd Ave
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Pinecrest, FL	City & State: Pinecrest, FL
Zip: 33156 / Country: USA	Zip: 33156 / Country: USA

4. FEI Number: 65-0897007 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~COSTARANGOS, CONSTANTINO MD~~	Name: Joseph L. Esposito, M.D.
~~9549 SUNSET DRIVE~~	Street Address (P.O. Box Number is Not Acceptable): 11100 SW 73rd Ave
~~MIAMI FL 33173~~	City: Pinecrest — FL — Zip Code: 33156.

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.

SIGNATURE: [signature] Joseph L. Esposito — 4/18/00

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD ☒ Delete		TITLE: President ☒ Change ☐ Addition	
NAME: COSTARANGOS, CONSTANTINO		NAME: Joseph Esposito, M.D.	
STREET ADDRESS: 9549 SUNSET DRIVE		STREET ADDRESS: 11100 SW 73rd Ave	D
CITY-ST-ZIP: MIAMI FL 33173		CITY-ST-ZIP: Pinecrest, FL 33156	
TITLE: VPD ☒ Delete		TITLE: Vice-President ☒ Change ☒ Addition	D
NAME: ESPOSITO, JOSE		NAME: Luis Quintero, M.D.	
STREET ADDRESS: 2931 SW 22 ST.		STREET ADDRESS: 4205 S. Dixie Hwy #4E	
CITY-ST-ZIP: CORAL GABLES FL 33145		CITY-ST-ZIP: MIAMI, FL 33146	
TITLE: SD ☒ Delete		TITLE: Treasurer ☒ Change ☒ Addition	D
NAME: SANJUR, ALMA		NAME: Richard Wing, M.D.	
STREET ADDRESS: 17330 NW 7TH AVE. S404		STREET ADDRESS: 11760 SW 40th St #452	
CITY-ST-ZIP: MIAMI FL 33169		CITY-ST-ZIP: MIAMI, FL 33175	
TITLE: T ☒ Delete		TITLE: Secretary ☒ Change ☐ Addition	D
NAME: CHI, JOSEPH		NAME: Joseph Esposito, M.D.	
STREET ADDRESS: 1190 NW 95 ST., STE. 100		STREET ADDRESS: 11100 SW 73rd Ave	
CITY-ST-ZIP: MIAMI FL 33150		CITY-ST-ZIP: ~~Miami~~ Pinecrest, FL 33156	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 any such change, with all other required information.

SIGNATURE: SIG [signature] — 4/20/00. — 305-448-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #