

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

Principal Place of Business

Mailing Address

~~9549 SUNSET DRIVE~~
~~MIAMI FL 33173~~

~~9549 SUNSET DRIVE~~
~~MIAMI FL 33173-3247~~

2. Principal Place of Business

11100 SW 73rd Ave

3. Mailing Address

11100 SW 73rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pinecrest, FL

City & State

Pinecrest, FL

4. FEI Number

65-0897007

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~COSTARANGOS, CONSTANTINO MD~~
~~9549 SUNSET DRIVE~~
~~MIAMI FL 33173~~

7. Name and Address of New Registered Agent

Name Joseph L. Esposito, M.D.

Street Address (P.O. Box Number is Not Acceptable)

11100 SW 73rd Ave

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

Joseph L. Esposito

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

TITLE	PD	NAME	COSTARANGOS, CONSTANTINO	☒ Delete
STREET ADDRESS	9549 SUNSET DRIVE			
CITY-ST-ZIP	MIAMI FL 33173			
TITLE	VPD	NAME	ESPOSITO, JOSE	☒ Delete
STREET ADDRESS	2931 SW 22 ST.			
CITY-ST-ZIP	CORAL GABLES FL 33145			
TITLE	SD	NAME	SANJUR, ALMA	☒ Delete
STREET ADDRESS	17330 NW 7TH AVE. S404			
CITY-ST-ZIP	MIAMI FL 33169			
TITLE	T	NAME	CHI, JOSEPH	☒ Delete
STREET ADDRESS	1190 NW 95 ST., STE. 100			
CITY-ST-ZIP	MIAMI FL 33150			
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	NAME	Joseph Esposito, M.D.	☒ Change ☐ Addition
STREET ADDRESS	11100 SW 73rd Ave			
CITY-ST-ZIP	Pinecrest, FL 33156			
TITLE	Vice-President	NAME	Luis Quintero, M.D.	☒ Change ☒ Addition
STREET ADDRESS	4205 N.W. 12th Hwy #415			
CITY-ST-ZIP	MIAMI, FL 33146			
TITLE	Treasurer	NAME	Richard Wong, M.D.	☒ Change ☒ Addition
STREET ADDRESS	11760 SW 40th St #452			
CITY-ST-ZIP	MIAMI, FL 33175			
TITLE	Secretary	NAME	Joseph Esposito, M.D.	☒ Change ☐ Addition
STREET ADDRESS	11100 SW 73rd Ave			
CITY-ST-ZIP	MIAMI-Pinecrest, FL 33156			
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 permitted by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an order with all powers of the corporation.

SIGNATURE:

SIG

Joseph L. Esposito

4/20/00

305-448-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)