

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003693

FILED  
May 15, 2002 8:00 AM  
Secretary of State

**Entity Name:** PANAMANIAN AMERICAN MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

420 SOUTH DIXIE HWY#4E  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

420 SOUTH DIXIE HWY# 4E  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0897007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTERO, LUIS MD  
420 SOUTH DIXIE HWY#4E  
MIAMI, FL 33146

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUINTERO, LUIS  
Address: 420 DIXIE HWY #4E  
City-St-Zip: MIAMI, FL 33146

Title: VPD ( ) Delete  
Name: CARRILLO, ROGER  
Address: 4300 ALTON ROAD  
City-St-Zip: MIAMI BEACH,, FL 33140

Title: SD ( ) Delete  
Name: SANJUR, ALMA  
Address: 17330 NW 7TH AVE. S404  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: CHI, JOSEPH  
Address: 1190 NW 95 ST., STE. 100  
City-St-Zip: MIAMI, FL 33150

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS QUINTERO

MD

05/15/2002

Electronic Signature of Signing Officer or Director

Date