2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# N96000003693

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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 PD 07/04/2005

Electronic Signature of Signing Officer or Director — Date