FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P01009 (0)

1. Corporation Name

PAN AMERICAN MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101-E SABAL RIDGE CIRCLE PALM BEACH GARDENS FL ~~33408~~ US	101-E SABAL RIDGE CIRCLE PALM BEACH GARDENS FL ~~33408~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-0688125 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ ~~$68.75~~ Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33418 Country 25	Zip 29: 33418 Country 30

9. Name and Address of Current Registered Agent

THORN, PATRICIA F.
101 E. SABAL RIDGE CIRCLE
~~421 NORTHLAKE BLVD STE 111A~~
PALM BEACH GARDENS FL ~~33408~~

10. Name and Address of New Registered Agent

81 Name: THORN, PATRICIA F.
82 Street Address (P.O. Box Number is Not Acceptable): 101-E SABAL RIDGE CIRCLE
83
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SORREL, WILLIAM E., MD	12 NAME	
STREET ADDRESS	263 WEST END AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, LAWRENCE I.	22 NAME	
STREET ADDRESS	812 PARK AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SORREL, JEROME	32 NAME	
STREET ADDRESS	263 WEST END AVE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FENIG, FREDERIC C., M.D.	42 NAME	
STREET ADDRESS	745 FIFTH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	DEUTSCH, LEONARD, M.D.	52 NAME	
STREET ADDRESS	185 E 85TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E Sorrel William E. Sorrel, President 5-1-95 (407) 622-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004922