

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90158 015 ****61.25

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DOCUMENT # P01009

1. Corporation Name

PAN AMERICAN MEDICAL ASSOCIATION, INC.

Principal Place of Business

101-E SABAL RIDGE CIRCLE
PALM BEACH GARDENS FL 33418
US

Mailing Address

P.O. BOX 764
PALM BEACH FL 33480

461252-90158-15



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/23/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

13-0688125

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORN, PATRICIA F
101-E SABAL RIDGE CIRCLE
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME **SORREL, WILLIAM E., MD**
STREET ADDRESS **263 WEST END AVENUE**
CITY-ST-ZIP **NEW YORK NY**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE T
NAME **KAPLAN, LAWRENCE I.**
STREET ADDRESS **812 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY**

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE D
NAME **SORREL, JEROME**
STREET ADDRESS **263 WEST END AVE**
CITY-ST-ZIP **NEW YORK NY**

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE SD
NAME **FENIG, FREDERIC C., M.D.**
STREET ADDRESS **745 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY**

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE TD
NAME **DEUTSCH, LEONARD, M.D.**
STREET ADDRESS **185 E 85TH ST**
CITY-ST-ZIP **NEW YORK NY**

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

4/26/99 561-776-9017

Date

Daytime Phone #

CR2E037 (11/98)