

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90469 043 ****61.25

DOCUMENT # P01009

1. Entity Name

PAN AMERICAN MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 764
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-0688125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORREL, WILLIAM E., MD 263 WEST END AVENUE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, LAWRENCE I. 812 PARK AVE. NEW YORK NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE COL. ERNEST GOSLINE, MD. 26 CHESTNUT STREET CLINTON, NEW YORK 13323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORREL, JEROME 263 WEST END AVE NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENIG, FREDERIC C., M.D. 745 FIFTH AVE. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEUTSCH, LEONARD, M.D. 185 E 85TH ST NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-30-01 561-776-9017

CR2E037 (10/00)