

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 046 ****61.25

DOCUMENT # P01009

1. Entity Name

PAN AMERICAN MEDICAL ASSOC., INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101-E Sabal Ridge Circle

Suite, Apt. #, etc.

3. Mailing Address

PO Box 764

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gdns, FL 33418

City & State

Palm Beach, Florida 33480

4. FEI Number

13-0688125

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

33480

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THORN, PATRICIA F.

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

101-E SABAL RIDGE CIRCLE

City

PALM BEACH GARDENS, FL

FL

Zip Code

33418

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

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

TITLE T
NAME COL. ERNEST GOSLINE, MD
STREET ADDRESS 26 CHESTNUT STREET
CITY-ST-ZIP CLINTON, NY 13323

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME COL. ERNEST GOSLINE, MD
STREET ADDRESS 2 OLDE BOORNE DRIVE
CITY-ST-ZIP CLINTON, NY 13323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 635 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Somel

President

4-29-02

561-776-9017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #