

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-16-2007 90027 018 ***150.00

DOCUMENT # P06000015292 1. Entity Name PAN AMERICAN MEDICAL STAFF FUND, INC.					
Principal Place of Business 351 NW LE JEUNE RD 204 MIAMI FL 33126			Mailing Address 351 NW LE JEUNE RD 204 MIAMI FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4216521	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARRIDO, ANGEL M.D. 351 NW LE JEUNE RD. 204 MIAMI FL FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D.S.T GARRIDO, ANGEL M.D. ☐ Delete 351 NW LE JEUNE RD., SUITE 420 MIAMI FL 33126		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D, V FERNANDEZ, JOSE A M.D. ☐ Delete 6232 LEONARDO ST. CORAL GABLES FL 33146		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D.P. VICENTE, LAGO M.D. ☐ Delete 351 NW LE JEUNE RD, SUITE 420 MIAMI FL 33126		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: <i>Vicente LAGO</i> VICENTE LAGO M.D. 4/30/07 305-5411041 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					