

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/
FILED
Mar 31, 2002 8:00 am
Secretary of State

02-24-2002 90004 045 ***150.00

DOCUMENT # P95000048671 ✓

1. Entity Name

PAN AMERICAN MEDICAL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5537 GULF DRIVE

3. Mailing Address
5537 GULF DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3326481

Applied For

Not Applicable

Zip
34652-4021

Country
UASCO

Zip
34652-4021

Country
U S

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LUIS M GUERRA

Street Address (P.O. Box Number is Not Acceptable)
5537 GULF DRIVE

City
NEW PORT RICHEY

FL

Zip Code
34652-4021

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, LUIS M 9150 CALLE ALTA NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2-14-02

Date

(727) 846-0259

Daytime Phone #

CR2E034B (12/01)