

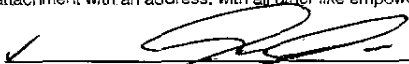


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000048671</b>		
1. Entity Name PAN AMERICAN MEDICAL ASSOCIATES, INC.		
Principal Place of Business 5537 GULF DR NEW PORT RICHEY, FL 34652 US		Mailing Address 5537 GULF DR NEW PORT RICHEY, FL 34652 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02082005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3326481 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
GUERRA, LUIS M 5537 GULF DRIVE NEW PORT RICHEY, FL 34652-4021		<b>DO NOT WRITE IN THIS SPACE</b>
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 signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	GUERRA, LUIS M	
STREET ADDRESS	9150 CALLE ALTA	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: 		Luis M. Guerra, M.D. 5537 Gulf Drive New Port Richey, FL 34652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 12-24-05 Daytime Phone: (727) 846-0759