

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 048 \*\*\*150.00

<b>DOCUMENT # P95000048671</b> 1. Entity Name <b>PAN AMERICAN MEDICAL ASSOCIATES, INC.</b>					
Principal Place of Business <b>5537 GULF DR NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>5537 GULF DR NEW PORT RICHEY, FL 34652 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9150 Calle Alta</b>		3. Mailing Address <b>9150 Calle Alta</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>59-3326481</b>	
Zip <b>34655</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUERRA, LUIS M 5537 GULF DRIVE NEW PORT RICHEY, FL 34652-4021</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>9150 Calle Alta</b> <b>New Port Richey</b> City <b>FL</b> Zip Code <b>34655</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 restoring) _____ 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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERRA, LUIS M 9150 CALLE ALTA NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> _____ <b>4-25-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40035627



02202008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL 34655