

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:22

DOCUMENT # 700454 (2)

1. Corporation Name
PAN AMERICAN HOSPITAL CORPORATION

Principal Place of Business Mailing Address
5959 N.W. 7TH STREET 5959 N.W. 7TH STREET
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1960 3a. Date of Last Report 04/26/1994
4. FEI Number 59-0917879 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VENNEY, ROBERT E
201 SOUTH BISCAYNE BOULEVARD
15TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	MAULE, E. T.
STREET ADDRESS	125 N.W. 86 ST.
CITY-ST-ZIP	MIAMI FL 33135
TITLE	PD
NAME	MORA, MODESTO M M.D.
STREET ADDRESS	3880 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI FL 33134
TITLE	VD
NAME	DE LA VEGA, FELIX M.D.
STREET ADDRESS	10375 S.W. 20 ST.
CITY-ST-ZIP	DAVIE FL 33324
TITLE	TD
NAME	MARQUEZ, ANTONIO M.D.
STREET ADDRESS	701 N.W. 57TH AVENUE #340
CITY-ST-ZIP	MIAMI FL 33126
TITLE	SD
NAME	ORTEGA, GIMEL M.D.
STREET ADDRESS	1430 BAYSHORE DR. #108
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D
NAME	SANTOS, GERARDO M.D.
STREET ADDRESS	3880 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MORA, Orlando Esq.
1.3 STREET ADDRESS	14065 SW 80 St.
1.4 CITY-ST-ZIP	MIAMI, FL 33183
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerardo M. Santos* Jan 25/95 264-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #