

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 01 1996 8:00 am
Secretary of State

DOCUMENT # 700454 (2)

1. Corporation Name

PAN AMERICAN HOSPITAL CORPORATION

Principal Place of Business

Mailing Address

**5959 N.W. 7TH STREET
MIAMI FL 33126**

**5959 N.W. 7TH STREET
MIAMI FL 33126**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
02/15/1960

3a. Date of Last Report
02/20/1995

4. FEI Number

59-0917879

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VENNEY, ROBERT E
201 SOUTH BISCAYNE BOULEVARD
15TH FLOOR
MIAMI FL 33131**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **MAULE, E. T.**
STREET ADDRESS **125 N.W. 86 ST.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **PD** ☐ DELETE
NAME **MORA, MODESTO M M.D.**
STREET ADDRESS **3860 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VD** ☐ DELETE
NAME **DE LA VEGA, FELIX M.D.**
STREET ADDRESS **10375 S.W. 20 ST.**
CITY-ST-ZIP **DAVE FL 33324**

TITLE **TD** ☐ DELETE
NAME **MARQUEZ, ANTONIO M.D.**
STREET ADDRESS **701 N.W. 57TH AVENUE #340**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SD** ☐ DELETE
NAME **ORTEGA, GIMEL M.D.**
STREET ADDRESS **1430 BAYSHORE DR. #106**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ DELETE
NAME **SANTOS, GERARDO M.D.**
STREET ADDRESS **3860 W. FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33134**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MORA, Orlando**
1.3 STREET ADDRESS **14065 S.W. 80 STREET**
1.4 CITY-ST-ZIP **Miami, FL 33183**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)