

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: 5959 N.W. 7TH STREET MIAMI FL 33126
Mailing Address: 5959 N.W. 7TH STREET MIAMI FL 33126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/15/1960		02/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-0917879		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

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				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAULE, E. T.	1.2 NAME	MORA, Orlando
STREET ADDRESS	125 N.W. 86 ST.	1.3 STREET ADDRESS	14065 S.W. 80 STREET
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	Miami, FL 33183
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, MODESTO M M.D.	2.2 NAME	
STREET ADDRESS	3860 W. FLAGLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VEGA, FELIX M.D.	3.2 NAME	
STREET ADDRESS	10375 S.W. 20 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, ANTONIO M.D.	4.2 NAME	
STREET ADDRESS	701 N.W. 57TH AVENUE #340	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, GIMEL M.D.	5.2 NAME	
STREET ADDRESS	1430 BAYSHORE DR. #106	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, GERARDO M.D.	6.2 NAME	
STREET ADDRESS	3860 W. FLAGLER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	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: _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)