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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33126-3129



3. Date Incorporated or Qualified
02/15/1960

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0917879

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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)

901 Ponce De Leon Blvd.

83

84 City **Coral Gables**

FL

85 Zip Code **33134**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MORA, ORLANDO**
STREET ADDRESS **14065 SW 80TH STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **C** ☐ Change ☒ Addition
1.2 NAME **HAULE, E.T.**
1.3 STREET ADDRESS **125 N.W. 86 STREET**
1.4 CITY-ST-ZIP **MIAMI, FL. 33135**

TITLE **PD** ☐ DELETE
NAME **MORA, MODESTO M M.D.**
STREET ADDRESS **3880 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI FL 33134**

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

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

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

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

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

TITLE **SD** ☐ DELETE
NAME **ORTEGA, GIMEL M.D.**
STREET ADDRESS **1430 BAYSHORE DR. #108**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ DELETE
NAME **SANTOS, GERARDO M.D.**
STREET ADDRESS **3880 W. FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33134**

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028485

CR2E037 (9/96)