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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		2b. Mailing Address		4. FEI Number 59-0917879		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORA, ORLANDO	1.2 NAME	C MAULE, E.T.
STREET ADDRESS	14065 SW 80TH STREET	1.3 STREET ADDRESS	125 N.W. 86 STREET
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL. 33135
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	3880 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. #108	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	3880 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)