

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700454** (2)

1. Corporation Name  
**PAN AMERICAN HOSPITAL CORPORATION**

Principal Place of Business <b>5959 N.W. 7TH STREET MIAMI FL 33126</b>	Mailing Address <b>5959 N.W. 7TH STREET MIAMI FL 33126</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>02/15/1960</b>	Applied For
4. FEI Number <b>59-0917879</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VENNEY, ROBERT E 901 PONCE DE LEON BLVD CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORA, ORLANDO</b>	1.2 NAME	
STREET ADDRESS	<b>14065 SW 80TH STREET</b>	1.3 STREET ADDRESS	<b>C MAULE, R.T. 125 N.W. 86 Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33135</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORA, MODESTO M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>3880 W. FLAGLER ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA VEGA, FELIX M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>10375 S.W. 20 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARQUEZ, ANTONIO M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>701 N.W. 57TH AVENUE #340</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTEGA, GIMEL M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>1430 BAYSHORE DR. #106</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTOS, GERARDO M.D.</b>	6.2 NAME	
STREET ADDRESS	<b>3880 W. FLAGLER STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	6.4 CITY-ST-ZIP	

14. I 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: *Gerardo Santos* 3-31-98 264-1000

CR2E037 (10/97)