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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/15/1960		
4. FEI Number 59-0917879	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**VENNEY, ROBERT E
901 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 _____ (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 C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORA, ORLANDO		1.2 NAME MAUCE, P.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. #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 3880 W. FLAGLER STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33134		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)