

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90014 018 \*\*\*\*61.25

**DOCUMENT # 700454**

1. Entity Name

**PAN AMERICAN HOSPITAL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**5959 N.W. 7TH STREET**      **5959 N.W. 7TH STREET**  
**MIAMI FL 33126**      **MIAMI FL 33126-3129**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-0917879**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENNEY, ROBERT E**  
**901 PONCE DE LEON BLVD**  
**CORAL GABLES FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORA, ORLANDO</b>	
STREET ADDRESS	<b>14065 SW 80TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MORA, MODESTO M M.D.</b>	
STREET ADDRESS	<b>3860 W. FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA VEGA, FELIX M.D.</b>	
STREET ADDRESS	<b>10375 S.W. 20 ST.</b>	
CITY-ST-ZIP	<b>DAVE FL 33324</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARQUEZ, ANTONIO M.D.</b>	
STREET ADDRESS	<b>701 N.W. 57TH AVENUE #340</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ORTEGA, GIMEL M.D.</b>	
STREET ADDRESS	<b>1430 BAYSHORE DR. #106</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Delete
NAME	<b>SANTOS, GERARDO M.D.</b>	
STREET ADDRESS	<b>3860 W. FLAGLER STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Gerardo Santos*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerardo Santos M.D. 1-19/00*