

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90083 047 \*\*\*\*61.25

0037758

**DOCUMENT # 700454**

1. Entity 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****619254**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address *c/o C.E.O.***5959 N.W. 7th Street**

Suite, Apt. #, etc.

City &amp; State

City & State  
**Miami, FL 33126**

4. FEI Number

**59-0917879**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33126****Dade**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

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.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>DAVIE 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>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAULE, E.T.</b>	
STREET ADDRESS	<b>125 N.W. 86 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33135</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		

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

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:***Signature of Gerardo Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

Date

Daytime Phone #

CR2E037 (10/00)