

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90027 009 ****61.25

DOCUMENT # 700454

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0917879

Applied For

Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **MORA, ORLANDO**
 STREET ADDRESS **14065 SW 80TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **C** ☐ Change ☒ Addition
 NAME **MAULE, E.T.**
 STREET ADDRESS **125 N.W. 86 Street**
 CITY-ST-ZIP **Miami, FL 33135**

TITLE **PD** ☐ Delete
 NAME **MORA, MODESTO M M.D.**
 STREET ADDRESS **3860 W. FLAGLER ST.**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **DE LA VEGA, FELIX M.D.**
 STREET ADDRESS **10375 S.W. 20 ST.**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **MARQUEZ, ANTONIO M.D.**
 STREET ADDRESS **701 N.W. 57TH AVENUE #340**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ORTEGA, GIMEL M.D.**
 STREET ADDRESS **1430 BAYSHORE DR. #106**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SANTOS, GERARDO M.D.**
 STREET ADDRESS **3860 W. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Change ☐ 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:

[Handwritten Signature]

Feb 27/02 (305) 264/1000

CR2E037 (9/01)