

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**

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 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0917879

Applied For

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

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

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

SIGNATURE:

Gerardo Santos

Feb 27 / 02 (305) 264 1000

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CR2E037 (9/01)