

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700454

FILED
Jun 15, 2004
Secretary of State

Entity Name: PAN AMERICAN HOSPITAL CORPORATION

Current Principal Place of Business:

5959 N.W. 7TH STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5959 N.W. 7TH STREET
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-0917879 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUTIERREZ, NICOLAS J ESQ
2665 SOUTH BAYSHORE DRIVE
200
MIAMI, FL 33133 US

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: NICOLAS J. GUTIERREZ, JR., ESQ.

06/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUEVAS, GABINO MD
Address: 12010 N. LAKE DR E
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: MORA, MODESTO M.M.D.
Address: 2695 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: DE LA VEGA, FELIX M.D.
Address: 10375 S.W. 20 ST.
City-St-Zip: DAVIE, FL 33324

Title: TD () Delete
Name: MARQUEZ, ANTONIO M.D.
Address: 1100 SW 5TH AVE
City-St-Zip: MIAMI, FL 33144

Title: SD (X) Delete
Name: ORTEGA, GIMEL M.D.
Address: 1430 BAYSHORE DR. #106
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: RAMIREZ, CARMEN
Address: 4751 N. BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORA, MODESTO M MD
Address: NINE STAR ISLAND DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VD (X) Change () Addition
Name: DE LA VEGA, FELIX MD
Address: 10375 SW 20TH STREET
City-St-Zip: DAVIE, FL 33324 US

Title: TD (X) Change () Addition
Name: MARQUEZ, ANTONIO MD
Address: 1100 SW 57TH AVENUE
City-St-Zip: MIAMI, FL 33144 US

Title: SD (X) Change () Addition
Name: RAMIREZ, CARMEN
Address: 4751 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN RAMIREZ

SD

06/15/2004

Electronic Signature of Signing Officer or Director

Date