

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 16, 2004
Secretary of State**

DOCUMENT# 700454

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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: SANJENIS, LOURDES MD
Address: NINE STAR ISLAND DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MD () Change (X) Addition
Name: SANCHEZ, VICENTE
Address: 5959 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126 US

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

06/16/2004

Electronic Signature of Signing Officer or Director

Date