

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700454

**FILED**  
**Jun 16, 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:**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