

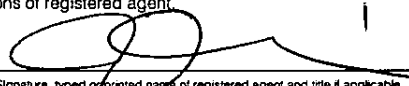
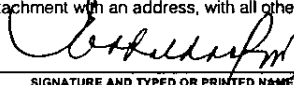


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 28 AM 11:35

DOCUMENT # 700454 1. Entity Name PAN AMERICAN HOSPITAL CORPORATION					
Principal Place of Business 5959 N.W. 7TH STREET MIAMI, FL 33126			Mailing Address 5959 N.W. 7TH STREET MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		09252006 REIN-NP CR2E099 (11/05)	
Zip		Country		4. FEI Number 59-0917879	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS J ESQ 2665 SOUTH BAYSHORE DRIVE SUITE 701 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Jacqueline Calderin, ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. 17th Floor City miami State FL Zip Code 33131	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jacqueline Calderin, Esq		DATE 09/25/06	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEDRA, OBDULIO 2 SOUTH BISCAYNE BLVD SUITE 110 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aguila, Percy 2 South Biscayne Blvd, #2370 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, MIGUEL 701 BRICKELL AVENUE 11TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Eneida Roldan 5959 NW 7th MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTALUGA, RODOLFO 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete	200080232002 09/27/06--01059--001 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLER-MCKINLEY, YVONNE 10765 SW 133 TERRACE MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZISKIND, JAY 3059 GRAND AVENUE SUITE 300 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SANCHEZ, VICENTE 5959 NW 7TH STREET MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Eneida Roldan			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	
09/25/06		305-265-6400			

SEP 28 2006