

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90067 007 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0917879**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
C	MAULE, E.T. <input checked="" type="checkbox"/> Delete		
STREET ADDRESS	125 NW 86 STREET		
CITY-ST-ZIP	MIAMI FL 33135		
PD	MORA, MODESTO M M.D. <input type="checkbox"/> Delete	PD	Mora, Modesto M., M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3860 W. FLAGLER ST.	STREET ADDRESS	2695 LeJeune Rd.
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	Coral Gables 33134
VD	DE LA VEGA, FELIX M.D. <input type="checkbox"/> Delete	D	Carmen Ramirez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10375 S.W. 20 ST.	STREET ADDRESS	4751 N. Bay Rd.
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	Miami Beach, FL 33140
TD	MARQUEZ, ANTONIO M.D. <input type="checkbox"/> Delete	TD	Antonio Marquez, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	701 N.W. 57TH AVENUE #340	STREET ADDRESS	1100 SW 57th Ave.
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	Miami, FL 33144
SD	ORTEGA, GIMEL M.D. <input type="checkbox"/> Delete	D.	Lourdes Sanjenis, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1430 BAYSHORE DR. #106	STREET ADDRESS	2695 Le Jeune Rd.
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	Coral Gables, FL 33134
D	SANTOS, GERARDO M.D. <input checked="" type="checkbox"/> Delete	D	Gabino Cuevas, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3860 W. FLAGLER STREET	STREET ADDRESS	12010 N. Lake Dr. East
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	Boynton Beach, FL 33436

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 an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 305-265-6400

CR2E037 (10/02)