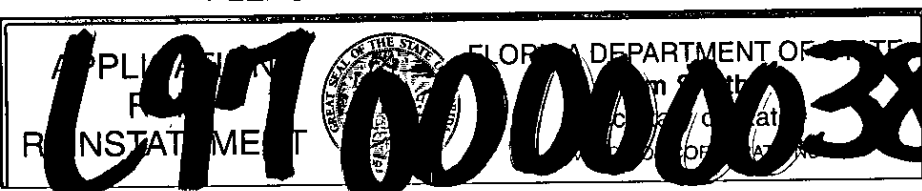


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 DEC -6 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000383

Name and Mailing Address

0001752 01 FP 0.352 **PRSR T6 0 0615 33126-122000



PAN AMERICAN HOSPITAL

5959 NW 7 STREET
MIAMI FL 33126-1220

200009404922
12/06/02--01094--011 **150.00



CR2E084 (8/02)

| | | | |
|---|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 04/01/1997 | |
| Principal Place of Business PAN AMERICAN HOSPITAL 5959 NW 7 STREET MIAMI, FL 33126 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 65-0774590 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent ROBERT E. VENNEY 901 Ponce De Leon 10th Floor, Suite 1000 Coral Gables, FL 33134 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Robert E. Venney</u> Date <u>12-3-02</u> REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | Roberto-Tejidor | 5959 NW 7 STREET | MIAMI FL 33126 |
| MGRM | Norberto Cabrera | 5959 NW 7 STREET | MIAMI FL 33126 |
| MGRM | Juan Pinfillos | 5959 NW 7 STREET | MIAMI FL 33126 |
| | | | |
| | | | |
| | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature] Date 12/3/02 Daytime Phone # 305-225-6400