


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$100).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90001 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000001819					
1. Corporation Name PAN AMERICAN COMMUNITY HEALTH SERVICES, INC.					
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 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0911146	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MORA, MICHAEL J ESQ 701 N.W. 57TH AVENUE SUITE 200 MIAMI FL 33126			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes.					
SIGNATURE <i>[Signature]</i>			DATE 7-27-99		
<small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CALDERIN, CAROLA			1.2 NAME CAROLINA CALDERIN		
STREET ADDRESS 5959 N.W. 7TH STREET			1.3 STREET ADDRESS 5959 NW 7th STREET		
CITY-ST-ZIP MIAMI FL 33126			1.4 CITY-ST-ZIP MIAMI, FLORIDA 33126		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TEJIDOR, ROBERTO			2.2 NAME ROBERTO TEJIDOR		
STREET ADDRESS 5959 N.W. 7TH STREET			2.3 STREET ADDRESS 5959 NW 7th STREET		
CITY-ST-ZIP MIAMI FL 33126			2.4 CITY-ST-ZIP MIAMI, FLORIDA 33126		
TITLE D <input checked="" type="checkbox"/> DELETE			3.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ORTEGA, GIMEL M.D.			3.2 NAME MICHAEL J. MORA		
STREET ADDRESS 5959 N.W. 7TH STREET			3.3 STREET ADDRESS 701 NW 57th AVENUE, SUITE 200		
CITY-ST-ZIP MIAMI FL 33126			3.4 CITY-ST-ZIP MIAMI, FLORIDA 33126		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME MAURICIO E. SIRVENT		
STREET ADDRESS			4.3 STREET ADDRESS 5959 NW 7th STREET		
CITY-ST-ZIP			4.4 CITY-ST-ZIP MIAMI, FLORIDA 33126		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i>			DATE 7/27/99		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 305-265-6400		

CR2E034 (5/99)