

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001819

1. Entity Name

Pan American Community Health Services, Inc.

Principal Place of Business

Mailing Address

5959 N.W. 7th Street
Miami, Florida 33126

5959 N.W. 7th Street
Miami, Florida 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

65-005213

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

Michael J. Mora, Esquire
701 N.W. 57th Avenue
Suite 200
Miami, Florida 33126

Name

Robert E. Venney, Esquire

Street Address (P.O. Box Number is Not Acceptable)

901 Ponce de Leon Boulevard
Suite 1000

City

Coral Gables

FL

Zip Code

33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/President ☒ Delete
NAME Carola Calderin
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE Director/President ☐ Change ☒ Addition
NAME Roberto Tejidor
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, Florida 33126

TITLE Director/V. President ☒ Delete
NAME Roberto Tejidor
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE Director/V. President ☐ Change ☒ Addition
NAME Orlando Mora
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE Director/Secretary ☒ Delete
NAME Michael J. Mora
STREET ADDRESS 701 N.W. 57th Ave. #200
CITY-ST-ZIP Miami, FL 33126

TITLE Director ☐ Change ☒ Addition
NAME Norberto Cabrera
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE Director/Treasurer ☒ Delete
NAME Mauricio E. Sirvent
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE Director ☐ Change ☒ Addition
NAME Maria Corzo
STREET ADDRESS 5959 N.W. 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Tejidor, President

Date

7/3/00 265-6400

Daytime Phone #

A0069448

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

305-



July 17, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: 2000 Uniform Business Report
Pan American Community Health Services, Inc.

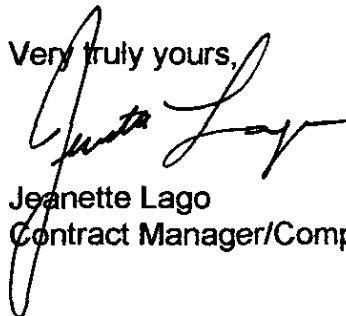
Dear Sir or Madam:

As I previously advised your offices, when requesting a blank 2000 Uniform Business Report, we did not receive the pre-printed 2000 Uniform Business Report issued by your office for Pan American Community Health Services, Inc.

I have prepared and enclose herewith the 2000 Uniform Business Report for the above company, plus have enclosed a check in the amount of \$150.00 which represents the filing fee. Please accept the enclosed check as the filing fee and waive any late filing amounts, since we did not receive the pre-printed 2000 Uniform Business Report.

Please contact me at 305-263-7566 should you have any questions or comments or wish to discuss this matter further. Thank you for your prompt attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeanette Lago".

Jeanette Lago
Contract Manager/Compliance Auditor

Enclosures