

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000032170**

1. Entity Name

PAN AMERICAN MEDICAL CENTERS, INC.**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90012 015 ***150.00

Principal Place of Business

Mailing Address

N.W. 57TH AVENUE #200
FL 33126701 N.W. 57TH AVENUE #200
MIAMI FL 33126-2072

0 4 3 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5959 Blue Lagoon Drive**5959 NW 7th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fourth FloorCity & State
Miami, FloridaCity & State
Miami, Florida

4. FEI Number

65-0911146

Applied For

Not Applicable

Zip
33126Country
U.S.A.Zip
33126Country
U.S.A.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

MORA, MICHAEL J ESQ.
701 N.W. 57TH AVENUE #200
MIAMI FL 33126

Name

TEJIDOR, ROBERTO

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

5959 N.W. 7th StreetCity
Miami**FL**Zip Code
33126

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

ROBERTO TEJIDOR, CEO**04/03/2000**

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANJENIS, LOURDES M.D.
2695 S. LE JEUNE ROAD
MIAMI FL 33134 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEJIDOR, ROBERTO
5959 NW 7th STREET
MIAMI, FL 33126 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALDERIN, CAROLINA
5959 N.W. 7TH STREET
MIAMI FL 33126 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORA, ORLANDO E.
5959 NW 7th STREET
MIAMI, FL 33126 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORA, MICHAEL J ESQ.
701 N.W. 57TH AVENUE #200
MIAMI FL 33126 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORTEGA, MEL THOMAS
5959 NW 7th STREET
MIAMI, FL 33126 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORA, ALBERTO J ESQ.
1300 CONNECTICUT AVENUE N.W.
WASHINGTON DC 20036 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUEVAS, GAVINO
12010 NORTH LAKE DRIVE EAST
BOYNTON BEACH FL 33434 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

ROBERTO TEJIDOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04/03/2000**

Date

(305) 264-1000

Daytime Phone #

CR2E034 (9/99)