

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032170

1. Entity Name

Pan American Medical Centers, Inc.

Principal Place of Business

Mailing Address

701 NW 57th Avenue #200
Miami, FL 33126

701 NW 57th Ave. #200
Miami, FL 33126

2. Principal Place of Business

5959 Blue Lagoon Drive

3. Mailing Address

5959 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33126

City & State

Miami, FL 33126

4. FEI Number

65-0911146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael J. Mora, Esq.
701 NW 57th Avenue, #200
Miami, FL 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

Robert E. Venney

Robert E. Venney, Esquire

9/25/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME Lourdes Sanjenis, M.D. ☐ Delete
STREET ADDRESS 2695 S. LeJeune Road
CITY-ST-ZIP Miami, Florida 33134

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Orlando Mora
STREET ADDRESS 5959 Blue Lagoon Drive
CITY-ST-ZIP Miami, FL 33126

TITLE DIRECTOR ☒ Delete
NAME Carolina Calderin
STREET ADDRESS 5959 NW 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Mel T. Ortega, M.D.
STREET ADDRESS 1110 Brickell Avenue #206
CITY-ST-ZIP Miami, FL 33131

TITLE DIRECTOR ☒ Delete
NAME Michael J. Mora, Esq.
STREET ADDRESS 701 NW 57th Avenue #200
CITY-ST-ZIP Miami, FL 33126

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

TITLE DIRECTOR ☒ Delete
NAME Alberto J. Mora, Esq.
STREET ADDRESS 1300 Connecticut Ave., N.W.
CITY-ST-ZIP Washington, DC 20036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003436956-75
-10/24/00--01078--007
*****61.25 *****61.25

TITLE DIRECTOR ☐ Delete
NAME Gavino Cuevas
STREET ADDRESS 12010 North Lake Drive East
CITY-ST-ZIP Boynton Beach, FL 33434

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:

Roberto Tejidor

Roberto Tejidor, Director

9/20/00

305-265-6400

FILED

00 OCT -9 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/00)

TS