

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 20 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 990003217 0

1. Corporation Name

Pan American Medical Centers, Inc.

2. Principal Office Address

5959 NW 7 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33126

Country

Miami-Dade

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

4/7/99

5. FEI Number

65-0911146

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Venney

800009246648

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

901 Ponce de Leon

11/27/02--01098--006 \*\*751.75

Suite, Apt. #, Etc.

10th Floor

City

Miami

State  
FL

Zip Code  
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Robert E. Venney*

Date 11/23/02.

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Roberto Tejidor	5959 NW 7 ST	Miami, FL 33126
SD	Norberto Cabrera	Same	
TD	Juan Pinillos	Same	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Roberto Tejidor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/02

Date

305-265-6404

Daytime Phone #

CR2E081 (9/01)