

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032170

FILED
Apr 29, 2005
Secretary of State

Entity Name: PAN AMERICAN MEDICAL CENTERS, INC.

Current Principal Place of Business:

5959 NW 7 ST
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5959 NW 7 ST
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0911146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, NICOLAS J ESQ
2665 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GUTIERREZ, NICOLAS J ESQ
2665 SOUTH BAYSHORE DRIVE
STE 701
MIAMI, FL 33133 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VENNEY, ROBERT E ESQ
Address: 901 PONCE DE LEON BLVD., 10TH FLOOR
City-St-Zip: MIAMI, FL 33134

Title: T () Delete
Name: SANCHEZ, VINCENTE
Address: 5959 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: GUTIERREZ, NICOLAS J ESQ
Address: 2665 S. BAYSHORE DRIVE, STE. 200
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GUTIERREZ, NICOLAS J ESQ
Address: 2665 S. BAYSHORE DRIVE, STE. 701
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLAS J. GUTIERREZ, JR., ESQ.

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date