

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:26

DOCUMENT # 761540 (4)
1. Corporation Name
TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 271814 TAMPA FL 33688 **PO BOX 271814 TAMPA FL 33688**

3. Date Incorporated or Qualified **01/20/1982** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-2270261** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
**ORLANDO, CASTILLO J.
2727 W. BUFFALO AVE. #660
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name **Luis Menendez, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable) **3011 SWANN AVE.**
83
84 City **TAMPA** FL 85 Zip Code **33609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Luis J Menendez MD* DATE **3-11-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENENDEZ, LUIS M.D.
STREET ADDRESS	3011 SWANN AVE.
CITY - ST - ZIP	TAMPA FL 33609
TITLE	T
NAME	DELGADO, TOMAS M.D.
STREET ADDRESS	38233 DAUGHTERY RD., SUITE C
CITY - ST - ZIP	ZEPHYRHILLS FL 33540
TITLE	S
NAME	BERGES, EDDY M.D.
STREET ADDRESS	6101 WEBB RD., SUITE 307
CITY - ST - ZIP	TAMPA FL 33615
TITLE	D
NAME	TAPIA, HUGO M.D.
STREET ADDRESS	1745 LAKE LAND HILLS BLVD.
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	D
NAME	VARGAS, JIMMY M.D.
STREET ADDRESS	5707 N. 22ND ST.
CITY - ST - ZIP	TAMPA FL 33610
TITLE	D
NAME	CANEDO, MARIO M.D.
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD. 101
CITY - ST - ZIP	TAMPA FL 33613

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berges, Eddy M.D.
1.3 STREET ADDRESS	6101 Webb Rd. Suite 307
1.4 CITY - ST - ZIP	TAMPA, FL. 33615
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Canedo, Mario M.D.
2.3 STREET ADDRESS	13701 Bruce B. Downs Blvd. 101
2.4 CITY - ST - ZIP	TAMPA, FL. 33613
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Menendez, Luis M.D.
3.3 STREET ADDRESS	3011 SWANN AVE
3.4 CITY - ST - ZIP	TAMPA, FL. 33609
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vargas, Jimmy H.D.
4.3 STREET ADDRESS	5707 N. 22nd Street
4.4 CITY - ST - ZIP	TAMPA, FL. 33610
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luis J Menendez MD* DATE: **3-11-95 (813)879-8436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AS Per conversation w/ Luis Menendez on 3-23-95