

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 01/20/1982  
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: MENENDEZ, LUIS M, 3011 SWANN AVENUE, TAMPA FL 33609  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *M. Canedo* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	BERGES, EDDY M 6101 WEBB ROAD, SUITE 307 TAMPA FL	1.1 TITLE: T	Julio Lautersztain, M.D. 2911 Villa Rosa Park Tampa, Fl. 33611
TITLE: P	CANEDO, MARIO M 13701 BRUCE B. DOWNS BLVD. #101 TAMPA FL	2.1 TITLE: D	Pedro Lazaro, M.D. 13204 Burnes Lake Drive Tampa, Fl. 33612
TITLE: D	MENENDEZ, LUIS M 3011 SWANN AVENUE TAMPA FL	3.1 TITLE: D	Enrique Urrutia, M.D. 5155 San Jose Street Tampa, Fl. 33629
TITLE: D	VARGUS, JIMMY M 5707 N. 22ND STREET TAMPA FL	4.1 TITLE:	
TITLE: D	VARGAS, JIMMY M.D. 5707 N. 22ND ST. TAMPA FL 33610	5.1 TITLE:	900001847463 -06/03/96--01027--006 ***70.00
TITLE: D	CANEDO, MARIO M.D. 13701 BRUCE B. DOWNS BLVD. 101 TAMPA FL 33613	6.1 TITLE:	

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 119.07(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Canedo* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 3-26-96

CR2E037 (12/95)

*ce 5/11/96*