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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
PO BOX 271814 TAMPA FL 33688 PO BOX 271814 TAMPA FL 33688-1814

3. Date Incorporated or Qualified 01/20/1982 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2270261 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENENDEZ, LUIS M  
3011 SWANN AVENUE  
TAMPA FL 33609

61 Name Canedo, Mario M  
62 Street Address (P.O. Box Number is Not Acceptable) 13701 Bruce B. Downs Blvd  
63 #101  
64 City Tampa FL 65 Zip Code 33613

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 [Signature] 4-1-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S [ ] DELETE  
NAME BERGES, EDDY M  
STREET ADDRESS 6101 WEBB ROAD, SUITE 307  
CITY-ST-ZIP TAMPA FL  
TITLE P [ ] DELETE  
NAME CANEDO, MARIO M  
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD. #101  
CITY-ST-ZIP TAMPA FL  
TITLE D [X] DELETE  
NAME MENENDEZ, LUIS M  
STREET ADDRESS 3011 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL  
TITLE T [ ] DELETE  
NAME LAUTERSZTAIN, JULIO M MD  
STREET ADDRESS 2911 VILLA ROSA PARK  
CITY-ST-ZIP TAMPA FL 33611  
TITLE D [ ] DELETE  
NAME VARGAS, JIMMY M.D.  
STREET ADDRESS 5707 N. 22ND ST.  
CITY-ST-ZIP TAMPA FL 33610  
TITLE D [ ] DELETE  
NAME URRUTIA, ENRIQUE MD  
STREET ADDRESS 5155 SAN JOSE ST  
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049453

CR2E037 (9/96)