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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/20/1982	
4. FEI Number 59-2270261	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CANEDO, MARIO M
13701 BRUCE B DOWNS BLVD
#101
TAMPA FL 33613**

10. Name and Address of New Registered Agent
81 Name **Pedro Lazaro, M.D**
82 Street Address (P.O. Box Number is Not Acceptable)
18830 Wimbledon Circle
83
84 City **Lutz, FL** 85 Zip Code **33549**

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 *P. Lazaro M.D. 3-24-98* DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	S	
NAME	BERGES, EDDY M	
STREET ADDRESS	6101 WEBB ROAD, SUITE 307	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CANEDO, MARIO M	
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD. #101	
CITY-ST-ZIP	TAMPA FL	
TITLE	J	<input checked="" type="checkbox"/> DELETE
NAME	LAUTERSZTAIN, JULIO M MD	
STREET ADDRESS	2911 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARGAS, JIMMY M.D.	
STREET ADDRESS	5707 N. 22ND ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	URRUTIA, ENRIQUE MD	
STREET ADDRESS	5155 SAN JOSE ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	President		
1.2 NAME	Pedro Lazaro, M.D.		
1.3 STREET ADDRESS	18830 Wimbledon Circle		
1.4 CITY-ST-ZIP	Lutz, FL 33549		
2.1 TITLE	Treasurer		
2.2 NAME	Angel Rosario M.D		
2.3 STREET ADDRESS	7550 N. Dale Mabry Hwy.		
2.4 CITY-ST-ZIP	Tampa, FL 33614		
3.1 TITLE	Director		
3.2 NAME	Ricardo Delgado, M.D		
3.3 STREET ADDRESS	1009 Chatham Ct.		
3.4 CITY-ST-ZIP	Safety Harbor, FL 34695		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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 as an attachment with an address.

SIGNATURE: *[Signature]* 3-24-98

CR2E037 (10/97)