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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90048 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761540

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/20/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2270261

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDRO LAZARO, M.D.
18830 WIMBLEDON CIR
LUTZ FL 33549

81 Name Michael Yarnoz, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
3401 1/2 South Beach Drive

83

84 City Tampa

FL

85 Zip Code 33629

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

Michael J. ...

4/20/99

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

1.1 TITLE S Change Addition
1.2 NAME Ballesta, Enrique
1.3 STREET ADDRESS 3165 Spoonhill Court
1.4 CITY-ST-ZIP Clearwater, FL 34622

TITLE P DELETE
NAME PEDRO LARARO, M.D.
STREET ADDRESS 18830 WIMBLEDON CIR
CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE D Change Addition
2.2 NAME Jacinto, Sergio
2.3 STREET ADDRESS 401 N. Parsons #105
2.4 CITY-ST-ZIP Brandon, FL 33510

TITLE T DELETE
NAME ANGEL ROSARIO, M.D.
STREET ADDRESS 7550 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33614

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME VARGAS, JIMMY M.D.
STREET ADDRESS 5707 N. 22ND ST.
CITY-ST-ZIP TAMPA FL 33610

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME RICARDO DELGADO, M.D.
STREET ADDRESS 1009 CHATHAM CT
CITY-ST-ZIP SAFETY HARBOR FL 34695

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. ...

4/20/99 (813)920-3995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)