

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761540

1. Entity Name

TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90072 044 \*\*\*\*61.25

Principal Place of Business PO BOX 271814 TAMPA FL 33688	Mailing Address PO BOX 271814 TAMPA FL 33688-1814
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2270261</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

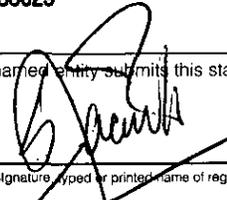
6. Name and Address of Current Registered Agent

**YARNOZ, MICHAEL MD**  
**3401 1/2 SOUTH BEACH DR**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **Sergio Jacinto, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable) **401 N. Parsons #105**  
 City **Brandon** FL Zip Code **33510**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE **3-21-00**

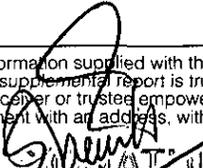
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERGES, EDDY M</b> <b>6101 WEBB ROAD, SUITE 307</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PEDRO LARARO, M.D.</b> <b>18830 WIMBLEDON CIR</b> <b>LUTZ FL 33549</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANGEL ROSARIO, M.D.</b> <b>7550 N DALE MABRY HWY</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VARGAS, JIMMY M.D.</b> <b>5707 N. 22ND ST.</b> <b>TAMPA FL 33610</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICARDO DELGADO, M.D.</b> <b>1009 CHATHAM CT</b> <b>SAFETY HARBOR FL 34695</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peña, Carolina</b> <b>7820 N. Armenia Ave</b> <b>Tampa, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gutierrez, Armando N.</b> <b>13701 Bruce B. Downs #104</b> <b>Tampa, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **3-21-00** DAYTIME PHONE # **(813) 920-3975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)