

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90010 004 ***61.25

DOCUMENT # 761540

1. Entity 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 **P.O. BOX 14280** 3. Mailing Address **P.O. BOX 14280**

Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State **TAMPA, FL** City & State **TAMPA, FL** 4. FEI Number **59-2270261** Applied For Not Applicable

Zip **33690** Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JACINTO, SERGIO MD
401 N. PARSONS #105
BRANDON FL 33510

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 **3-15-01**

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGES, EDDY M 6101 WEBB ROAD, SUITE 307 TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RODRIGUEZ, RAFAEL 36 BAHAMA CR. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ARMANDO N 13701 BRUCE B. DOWNS #104 TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RODRIGUEZ, JOSE W. 2603 W. TYSON AVE TAMPA, FL. 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGEL ROSARIO, M.D. 7550 N DALE MABRY HWY TAMPA FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARTINEZ, LUIS 4913 LYFORD CAY RD. TAMPA, FL. 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, JIMMY M.D. 5707 N. 22ND ST. TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARTINEZ, LUCIANO 4309 ROBIN LANE TAMPA, FL. 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, CAROLINA 7820 N. ARMENIA AVENUE TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R YARNOZ, MICHAEL 3401 1/2 SOUTH BEACH DR. TAMPA, FL. 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: DATE **3/21/01** (813) 318-0552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)