


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90993 049 ****61.25

DOCUMENT # 761540			
1. Entity Name TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.			
Principal Place of Business PO BOX 14280 TAMPA, FL 33690		Mailing Address PO BOX 14280 TAMPA, FL 33690	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2270261		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YARNOZ, MICHAEL MD 3401 1/2 SOUTH BEACH DR. TAMPA, FL 33629		Name CAROLINA PENNA, M.D.	
		Street Address (P.O. Box Number is Not Acceptable) 7820 N. ARMENIA AVE	
		City TAMPA FL Zip Code 33604	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		PRESIDENT 3-16-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIRALDO, HERNAN MD 13801 BRUCE B. DOWNS #204 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RAFAEL RODRIGUEZ, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 401 N. PARSONS AVE # 105 BRANDON, FL. 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACINTO, SERGIO MD <input type="checkbox"/> Delete 4507 N. ARMENIA TAMPA, FL 33603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIO RIVERA, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 320 OAKFIELD DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSARIO, ANGEL MD <input type="checkbox"/> Delete 7550 N DALE MABRY HWY TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALEJANDRO CINTAS, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6101 Webb Rd # 301 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARNOZ, MICHAEL MD <input checked="" type="checkbox"/> Delete 3401 1/2 SOUTH BEACH DR. TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JORGE OTERO, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6101 Webb Rd # 306 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNA, CAROLINA <input type="checkbox"/> Delete 7820 N. ARMENIA AVENUE TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL CRESPO, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7171 N. Dale Mabry # 305 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, JULIO MD <input type="checkbox"/> Delete 4506 N.ARMENIA AVE. TAMPA, FL 33603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ORLANDO CASTILLO, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4204 MACDILL AVE #1 TAMPA, FL. 33607
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: <i>[Signature]</i>		CAROLINA PENNA, M.D. 3-16-04	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	