

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 30 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 261540

1. Corporation Name

TAMPA BAY LATIN AMERICAN
MEDICAL SOCIETY

W0800022112

300127577193
04/30/08--01057--017 **420.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

4507 N. ARMENIA AVE

3. Mailing Office Address

P.O. Box 320578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33603

Country

Zip

33679

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2270261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANGEL ROSARIO, M.D.

Street Address (P.O. Box Number is Not Acceptable)

7171 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

305

City

TAMPA

State

FL

Zip Code

33614

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-25-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Julio Valdes, M.D	4506 N. Armenia	Tampa, FL. 33603
D	ISRAEL Crespo, M.D	7171 N. Dale Mabry	Tampa, FL 33614
D	Alejandro Cintas, M.D	6101 Webb Rd # 301	Tampa, FL. 33615
D	Jorge McCormack, M.D	3001 W. Dr. M.L. King	Tampa, FL. 33607
D	Stanley Dennison, M.D	1921 W. M.L. King #A	Tampa, FL 33607

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL ROSARIO, M.D

Date

Daytime Phone #

4/25/08