

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

FILED
Jan 14, 2009
Secretary of State

Entity Name: TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.

Current Principal Place of Business:

4507 N. ARMENIA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320578
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-2270261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO, ANGEL M.D.
7171 N DALE MABRY HWY
#305
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALDES, JULIO MD
Address: 4506 N ARMENIA
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: CRESPO, ISRAEL MD
Address: 7171 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: CINTAS, ALEJANDRO MD
Address: 6101 WEBB RD #301
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MCCORMACK, JORGE M.D.
Address: 3001 W DR M.L. KING
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: DENNISON, STANLEY M.D.
Address: 1921 W DR M.L. KING #A
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISRAEL CRESPO, M.D.

M.D.

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date