

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

FILED
Apr 05, 2010
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:

URRUTIA, ENRIQUE M.D.
5155 W. SAN JOSE ST
TAMPA, FL 33629 US

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: ENRIQUE URRUTIA, M.D.

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RODRIGUEZ, RAFAEL MD
Address: 4600 N. HABANA AVE- STE # 5
City-St-Zip: TAMPA, FL 33614

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

Title: D
Name: GONZALES-PORTILLO, GABRIEL MD
Address: 4726 N. HANABA AVE- STE # 10
City-St-Zip: TAMPA, FL 33614

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

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

I hereby 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 all other like empowered.

SIGNATURE: ENRIQUE URRUTIA, M.D.

D

04/05/2010

Electronic Signature of Signing Officer or Director

Date