

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

FILED  
Apr 11, 2011  
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:**

4102 N. MACDILL AVE.  
TAMPA, FL 33607

**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:**

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

**Name and Address of New Registered Agent:**

RODRIGUEZ, RAFAEL M M.D.  
4102 N. MACDILL AVE  
TAMPA, FL 33607 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: RAFAEL M. RODRIGUEZ, M.D.

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: URRUTIA, ENRIQUE MD  
Address: 5155 W ST JOSE ST  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: ROSARIO, ANGEL MD  
Address: 7171 N DALE MABRY, STE 305  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: GONZALES-PORTILLO, GABRIEL MD  
Address: 4726 N. HABANA AVE- STE # 103  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: CINTAS, ALEJANDRO M.D.  
Address: 6101 WEBB RD, SUITE 301  
City-St-Zip: TAMPA, FL 33615

Title: D  
Name: PEÑA, MAX M.D.  
Address: 4204 CARROLLWOOD VILLAGE CT  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: DELGADO, RICARDO M.D.  
Address: 34041 U.S.HIGHWAY 19 N., SUITE B  
City-St-Zip: PALM HARBOR, FL 34684

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: RAFAEL M. RODRIGUEZ, M.D.

D

04/11/2011

Electronic Signature of Signing Officer or Director

Date