

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

FILED
Feb 21, 2012
Secretary of State

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

Current Principal Place of Business:

4102 N. MACDILL AVE.
TAMPA, FL 33607

New Principal Place of Business:

4102 N. MACDILL AVE.
SUITE A
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:

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

Name and Address of New Registered Agent:

RODRIGUEZ, RAFAEL M M.D.
4102 N. MACDILL AVE
SUITE A
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.

02/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: ROSARIO, ANGEL MD
Address: 7001 N DALE MABRY HWY, STE 10
City-St-Zip: TAMPA, FL 33614

Title: D
Name: CANCIO, MARGARITA MD
Address: 4729 N HABANA AVE
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: CRESPO, ISRAEL M.D.
Address: 7001 N DALE MABRY HWY, STE 10
City-St-Zip: TAMPA, FL 33614

Title: D
Name: DOMINGUEZ, JOSE M.D.
Address: 3645 MADACA LANE
City-St-Zip: TAMPA, FL 33618

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

02/21/2012

Electronic Signature of Signing Officer or Director

Date