## 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 28, 2012 **DOCUMENT#761540** Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

4102 N. MACDILL AVE. SUITE A

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 320578 TAMPA, FL 33679

FEI Number: 59-2270261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

GONZALES-PORTILLO, GABRIEL MD Name:

Address: 4726 N. HABANA AVE, # 103

City-St-Zip: TAMPA, FL 33614

Title:

Name: ROSARIO, ANGEL MD

Address: 7001 N DALE MABRY HWY, STE 10

City-St-Zip: TAMPA, FL 33614

Title:

CANCIO, MARGARITA MD Name: Address: 4729 N HABANA AVE City-St-Zip: TAMPA, FL 33614

Title:

Name: CINTAS, ALEJANDRO M.D. 6101 WEBB RD, SUITE 301 Address:

City-St-Zip: TAMPA, FL 33615

Title:

CRESPO, ISRAEL M.D. Name:

7001 N DALE MABRY HWY, STE 10 Address:

TAMPA, FL 33614 City-St-Zip:

Title:

PEÃ'A, MAX M.D. Name: Address: 3000 US HIGHWAY 19 HOLIDAY, FL 34691 City-St-Zip:

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.D.RODRIGUEZ, M.D. D 05/28/2012