

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

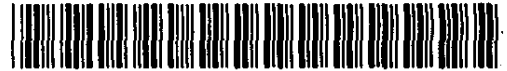
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DOCUMENT # **761540**

1. Corporation Name  
**TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.**

REINSTATEMENT 02-03

Principal Place of Business Mailing Address  
 PO BOX 14280 PO BOX 14280  
 TAMPA FL 33690 TAMPA FL 33690



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

5/22/02 90117 022 #6125

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/20/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2270261	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	BERGES, EDDY M GIRALDO, HERNAN, M.D	6101 WEBB ROAD, SUITE 807 13801 Bruce B. Downs # 20A	TAMPA-FL TAMPA, FL 33613
D	GUTIERREZ, ARMANDO N JACINTO, SERGIO, M.D	10701 BRUCE B. DOWNS #104 4507 N. ARMENIA	TAMPA-FL TAMPA, FL 33603
T	ANGEL ROSARIO, M.D.	7550 N DALE MABRY HWY	TAMPA FL 33614
D	RODRIGUEZ, RAFAEL MICHAEL YARNOZ, MD	36 BAHAMA CR. 3401 1/2 SOUTH BEACH DR	TAMPA FL 33606 TAMPA, FL. 33629
D	PENA, CAROLINA	7820 N. ARMENIA AVENUE	TAMPA FL
D	RODRIGUEZ, JOSE W VALDES, JULIO, M.D	2603 W TYSON AVENUE 4506 N. ARMENIA AVE	TAMPA FL 33611 TAMPA, FL 33603

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACINTO, SERGIO MD 401 N. PARSONS #105 BRANDON FL 33310		Name MICHAEL YARNOZ, M.D. Street Address (P.O. Box Number is Not Acceptable) 3401 1/2 SOUTH BEACH DR. Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33629	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 4-10-03  
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: 4-10-03 (813) 831-9867  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 MICHAEL YARNOZ, M.D. Daytime Phone #