2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008311

1. Entity Name
LATIN AMERICAN MEDICAL ASSOCIATION OF MANATEE AND SARASOTA, INC.

Principal Place of Business	Mailing Address
PO BOX 1077 BRADENTON, FL 34206	PO BOX 1077 BRADENTON, FL 34206

07192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0253315
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CERVONI, FRANCISCO M DR
9648 - 18TH AVE CIRCLE NW
BRADENTON, FL 34209

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERVONI, FRANCISCO M DR
STREET ADDRESS	9648 - 18TH AVE CIRCLE, NW.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	MALDONADO, ORLANDO DR
STREET ADDRESS	300 RIVERSIDE DR, STE 3700
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D
NAME	CORTES, CRISTORAL E DR
STREET ADDRESS	3924 - 9TH AVE W
CITY-ST-ZIP	BRADENTON, FL 43201
TITLE	D
NAME	MOSCOSO, WALTER DR
STREET ADDRESS	217 MANATEE AVE E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000374405
07/25/05-80008-010 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #