2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State
04-26-2006 90212 039 ****61.25

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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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04202006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
CERVONI, FRANCISCO M DR 9648 - 18TH AVE CIRCLE NW BRADENTON, FL 34209	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERVONI, FRANCISCO M DR 9648 - 18TH AVE CIRCLE, NW. BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CRISTOBAL Eduardo Cortes Dr 5912 21st W Bradenton FL 34209 PRESIDENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALDONADO, ORLANDO DR 300 RIVERSIDE DR, STE 3700 BRADENTON, FL 34203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANCISCO CERVONI DR 300 Riverside Dr Bradenton FL 34203 VICE PRESIDENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORTES, CRISTORAL E DR 3924 - 9TH AVE W BRADENTON, FL 43201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ivon Mowatt Dr 5313 Gardens Dr Sarasota 34243 TREASURER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSCOSO, WALTER DR 217 MANATEE AVE E BRADENTON, FL 34208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELENA KIANG Dr. 1650 Bahia Vista Unit 206 Sarasota Fl. 34239 SECRETARY ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ X 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #