04/26/2007 14:13 7275771110 FINANCIAL 8

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007 8:00 am**
**Secretary of State**

04-30-2007 90409 002 ****61.25

DOCUMENT # N03000008311

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

Principal Place of Business
PO BOX 1077
BRADENTON, FL 34206

Mailing Address
PO BOX 1077
BRADENTON, FL 34206

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0253315

Applied For
Not Applicable

Zip | Country

Zip | Country

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

**7. Name and Address of New Registered Agent**

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

**Filing Fee Is $81.25**
**Due by May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CERVONI, FRANCISCO M DR<br>9648 - 18TH AVE CIRCLE, NW.<br>BRADENTON, FL 34202<br>☒ Delete | TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>CORTEZ, CRISTOBAL E. DR.<br>5712 21 ST AVENUE W.<br>BRADENTON, FL 34209<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CLEVAND, FRANCISCO<br>300 RIVERSIDE DR<br>BRANDENTON, FL 34703<br>☒ Delete | TITLE VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>CERVONI, FRANCISCO M. DR.<br>300 RIVERSIDE DRIVE<br>BRADENTON FL 34203<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MOWETT, INDA<br>5313 GARDENS DR<br>SARASOTA, FL 34243<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KIANG, ELENA<br>2650 DAHIA VISTA STE 706<br>EVERGLADES CITY, FL 34139<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Inda Mara Mowett Inda Mowett 4/26/07 941-749-0741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #