04/26/2007 14:13 7275771110 FINANCIAL &

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	Mailing Address
PO BOX 1077 BRADENTON, FL 34206	PO BOX 1077 BRADENTON, FL 34206

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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