

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**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**



04232008 No Chg-NP

CR2E037 (4/06)

**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**

**DO NOT WRITE  
IN THIS SPACE**

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 \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000937787  
05/27/08-80064-009 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CORTEZ, CRISTOBAL E DR.
STREET ADDRESS	5712 21ST AVENUE W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VP
NAME	CERVONI, FRANCISCO M DR.
STREET ADDRESS	300 RIVERSIDE DR
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	T
NAME	MOWETT, INDA
STREET ADDRESS	5313 GARDENS DR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	S
NAME	KIANG, ELENA
STREET ADDRESS	2650 DAHIA VISTA STE 706
CITY-ST-ZIP	EVERGLADES CITY, FL 34139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/08**

Date

**941-749-0741**

Daytime Phone #