

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008311

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 1077  
BRADENTON, FL 34206

**New Principal Place of Business:**

3825 STATE ROAD 64 EAST,  
STE. 300  
BRADENTON, FL 34208

**Current Mailing Address:**

PO BOX 1077  
BRADENTON, FL 34206

**New Mailing Address:**

**FEI Number:** 20-0253315      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORTEZ, CRISTOBAL E DR.  
Address: 5712 21ST AVENUE W.  
City-St-Zip: BRADENTON, FL 34209

Title: VP ( ) Delete  
Name: CERVONI, FRANCISCO M DR.  
Address: 300 RIVERSIDE DR  
City-St-Zip: BRADENTON, FL 34203

Title: T ( ) Delete  
Name: MOWETT, INDA  
Address: 5313 GARDENS DR  
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete  
Name: KIANG, ELENA  
Address: 2650 DAHIA VISTA STE 706  
City-St-Zip: EVERGLADES CITY, FL 34139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDA MOWETT

MD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date