

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N05000008683

Entity Name: LATORRA-LARSEN MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

2800 N. FLAGLER DRIVE STE 805
WEST PALM BEACH, FL 33407

Current Mailing Address:

New Mailing Address:

2800 N. FLAGLER DRIVE STE 805
WEST PALM BEACH, FL 33407

FEI Number: 06-1754658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LATORRA, ALBERT J
440 COLUMBIA DR #500
WEST PALM BEACH, FL 33409 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LATORRA, ALBERT J DR
Address: 2800 N. FLAGLER DRIVE STE 805
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: D () Delete
Name: LARSEN, WILHELM C.J. DR
Address: 2800 N. FLAGLER DRIVE STE 805
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: D () Delete
Name: LARSEN, ALEX DR
Address: 2800 N. FLAGLER DRIVE STE 805
City-St-Zip: WEST PALM BEACH, FL 33407

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: DR. ALBERT J. LATORRA

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date