

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004493 (1)

1. Corporation Name

HISPANIC AMERICAN MEDICAL SOCIETY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**2780 CLEVELAND AVENUE
SUITE 702
FORT MYERS FL 33901**

Mailing Address

**2780 CLEVELAND AVENUE
SUITE 702
FORT MYERS FL 33901**

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3338356

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLALOBOS, P. MICHAEL ESQ.
SMOOT ADAMS EDWARDS & GREEN, P.A.
12800 UNIVERSITY DRIVE, SUITE 600
FORT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WHITTWELL, A. ENRIQUE**
STREET ADDRESS **2780 CLEVELAND AVENUE, SUITE 702**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ DELETE
NAME **SD ALEA, OSCAR M.D.**
STREET ADDRESS **13885 DOCTOR'S WAY, #350**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ DELETE
NAME **TD CONRADO, DANIEL M.D.**
STREET ADDRESS **1215 MIRAMAR STREET**
CITY-ST-ZIP **CAPE CORAL FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**TD BOHM, GUILLERMO, M.D.
2675 Winkler Avenue
Fort Myers, FL 33901**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)