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Apr 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 F  
LORIDA, INC.**

Principal Place of Business

Mailing Address

**2780 CLEVELAND AVENUE  
SUITE 702  
FORT MYERS FL 33901****2780 CLEVELAND AVENUE  
SUITE 702  
FORT MYERS FL 33901-5857**3. Date Incorporated or Qualified  
**09/20/1995**3a. Date of Last Report  
**06/13/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

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  
**P. Michael Villalobos, Esq.**82 Street Address (P.O. Box Number is Not Acceptable)  
**1819 Rhonda Street**

83

84 City  
**Fort Myers, Florida** **FL** 85 Zip Code  
**33901**

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

*P. Michael Villalobos***3/27/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **WHITTWELL, A. ENRIQUE**  
STREET ADDRESS **2780 CLEVELAND AVENUE, SUITE 702**  
CITY- ST- ZIP **FORT MYERS FL 33901**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIPTITLE **SD** ☒ DELETE  
NAME **ALEA, OSCAR M.D.**  
STREET ADDRESS **13685 DOCTOR'S WAY, #350**  
CITY- ST- ZIP **FORT MYERS FL 33912**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIPTITLE **TD** ☐ DELETE  
NAME **BOHM, GUILLERMO M**  
STREET ADDRESS **2675 WINKLER AVE.**  
CITY- ST- ZIP **FT. MYERS FL**3.1 TITLE **VP/D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **P/D**  
4.3 STREET ADDRESS **Julio Rodriguez, M.D.**  
4.4 CITY- ST- ZIP **4901 Palm Beach Blvd., Ft Myers, FL 33905**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S/T/D**  
5.3 STREET ADDRESS **Thomas Carrasquillo, M.D.**  
5.4 CITY- ST- ZIP **708 Del Prado Blvd. Suite 8 Cape Coral, FL 33990**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Thomas Carrasquillo***THOMAS CARRASQUILLO, M.D.**

3-17-97

941-458-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055782

CR2E037 (9/96)