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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT 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 FLORIDA, 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 & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3338356 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

VILLALOBOS, P. MICHAEL ESQ.  
SMOOT ADAMS EDWARDS & GREEN, P.A.  
12800 UNIVERSITY DRIVE, SUITE 800  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

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  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITTWELL, A. ENRIQUE	
STREET ADDRESS	2780 CLEVELAND AVENUE, SUITE 702	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALEA, OSCAR M.D.	
STREET ADDRESS	13685 DOCTOR'S WAY, #350	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOHM, GUILLERMO M	
STREET ADDRESS	2675 WINKLER AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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  
DATE Daytime Phone # 0055782

CR2E037 (9/96)