


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT. CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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**

3. Date Incorporated or Qualified

**09/20/1995**

4. FEI Number

**59-3338356**

Applied For

Not Applicable

2. Principal Place of Business

**21 T. Carrasquillo, MD**

**22 708 Del Prado Blvd.**

**23 Cape Coral, FL**

**24 33990**

**25 USA**

2a. Mailing Address

**26 708 Del Prado Blvd**

**27 Ste 8**

**28 Cape Coral, FL**

**29 33990**

**30 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**P. MICHAEL VILLALOBOS ESQ.  
1819 RHONDA STREET  
12800 UNIVERSITY DRIVE, SUITE 600  
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

**81 Name Thomas Carrasquillo**

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

**83 708 Del Prado Blvd.**

**84 City Cape Coral**

**85 FL**

**86 Zip Code 33990**

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 **PD** ☒ DELETE

NAME **WHITTWELL, A. ENRIQUE**

STREET ADDRESS **2780 CLEVELAND AVENUE, SUITE 702**

CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **SD** ☒ DELETE

NAME **ALEA, OSCAR M.D.**

STREET ADDRESS **13685 DOCTOR'S WAY, #350**

CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VPD** ☐ DELETE

NAME **BOHM, GUILLERMO M**

STREET ADDRESS **2675 WINKLER AVE.**

CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **PD** ☐ DELETE

NAME **JULIO RODRIQUEZ, M.D.**

STREET ADDRESS **4901 PALM BEACH BLVD.**

CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **STD** ☐ DELETE

NAME **THOMAS CARRASQUILLO, M.D.**

STREET ADDRESS **708 DEL PRADO BLVD, SUITE 8**

CITY-ST-ZIP **CAPE CORAL FL 33990**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. I 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

CR2E037 (1097)