2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

Entity Name: TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.

FILED Feb 01, 2023 Secretary of State 6391631224CC

Current Principal Place of Business:

P. O BOX 320578 TAMPA, FL 33679

Current Mailing Address:

P.O. BOX 320578 TAMPA, FL 33679 US

FEI Number: 59-2270261 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORENZO, WILFREDO DR. 12150 SEMINOLE BLVD LARGO, FL 33778 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: WILFREDO LORENZO 02/01/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY & DIRECTOR Title [

Name MCCORMACK, JORGE DR. Name SAINZ DE LA PENA, MANUEL C DR.

Address 601 5TH STREET S Address 2727 W MARTIN LUTHER KING JR

SUITE 711 BLVD

ST PETERSBURG FL 33701 SUITE 450

City-State-Zip: TAMPA FL 33607

Title TREASURER

City-State-Zip:

Name ROSARIO, ANGEL DR. Title DIRECTOR

Address 6919 N DALE MABRY HWY Name GONZALEZ, JULIO DR.

SUITE # 302 Address 601 7TH STREET S

City-State-Zip: TAMPA FL 33614 City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title PRESIDENT

Name JACINTO ACOSTA, FRANCES DR. Name DENNISON, STANLEY DR.

Address 529 W DAVIS BLVD Address P.O. BOX 320578
City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33679

Title DIRECTOR Title DIRECTOR

NameFELIZ, VICTOR DR.NameIRIZARRY, KARINA DR.Address3010 EAST 138TH AVEAddress5205 E FLETCHER AVE

#12

City-State-Zip: TEMPLE TERRACE FL 33617

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I hereby 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 all other like empowered.

SIGNATURE: STANLEY DENNISON PRESIDENT 02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameDE LA TORRE, JOSENameRODRIGUEZ, RAFAEL DR.Address2014 ASHLEY OAKS CIRAddress3417 W OAKELLAR MAVE

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: TAMPA FL 33617

Title DIRECTOR Title DIRECTOR

Name CRUZ LUNA, SARA DR. Name FLORES TORRES, JAIME DR.

Address 1975 ARVIS CIR Address 2 TAMPA GENERAL CIR

City-State-Zip: CLEARWATER FL 33764 City-State-Zip: TAMPA FL 33606