

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761540

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

**Current Principal Place of Business:**

13445 CANOPY CREEK DR  
TAMPA, FL 33625

**Current Mailing Address:**

13445 CANOPY CREEK DR  
TAMPA, FL 33625 US

**FEI Number:** 59-2270261

**Certificate of Status Desired:** Yes

**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

02/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY & DIRECTOR  
Name MCCORMACK, JORGE DR.  
Address 601 5TH STREET S  
SUITE 711  
City-State-Zip: ST PETERSBURG FL 33701

Title D  
Name SAINZ DE LA PENA, MANUEL C DR.  
Address 2727 W MARTIN LUTHER KING JR  
BLVD  
SUITE 450  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name ROSARIO, ANGEL DR.  
Address 6919 N DALE MABRY HWY  
SUITE # 302  
City-State-Zip: TAMPA FL 33614

Title DIRECTOR  
Name GONZALEZ, JULIO DR.  
Address 601 7TH STREET S  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name JACINTO ACOSTA, FRANCES DR.  
Address 529 W DAVIS BLVD  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT  
Name DENNISON, STANLEY DR.  
Address P.O. BOX 320578  
City-State-Zip: TAMPA FL 33679

Title DIRECTOR  
Name FELIZ, VICTOR DR.  
Address 3010 EAST 138TH AVE  
#12  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR  
Name IRIZARRY, KARINA DR.  
Address 5205 E FLETCHER AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

**Continues on page 2**

*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

02/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DE LA TORRE, JOSE  
Address 2014 ASHLEY OAKS CIR  
City-State-Zip: WESLEY CHAPEL FL 33544

Title DIRECTOR  
Name CRUZ LUNA, SARA DR.  
Address 1975 ARVIS CIR  
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR  
Name RODRIGUEZ, RAFAEL DR.  
Address 3417 W OAKELLAR MAVE  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name FLORES TORRES, JAIME DR.  
Address 2 TAMPA GENERAL CIR  
City-State-Zip: TAMPA FL 33606