

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

Entity Name: TAMPA BAY LATIN-AMERICAN MEDICAL SOCIETY, INC.**Current Principal Place of Business:**4102 N. MACDILL AVE.
SUITE A
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 320578
TAMPA, FL 33679**FEI Number:** 59-2270261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, RAFAEL M DR.
4102 N. MACDILL AVE
SUITE A
TAMPA, FL 33607 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:** RAFAEL M RODRIGUEZ**03/12/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GONZALES-PORTILLO, GABRIEL DR.
Address	4726 N. HABANA AVE, # 103
City-State-Zip:	TAMPA FL 33614

Title	D
Name	ROSARIO, ANGEL DR.
Address	7001 N DALE MABRY HWY, STE 10
City-State-Zip:	TAMPA FL 33614

Title	D
Name	CANCIO, MARGARITA DR.
Address	4729 N HABANA AVE
City-State-Zip:	TAMPA FL 33614

Title	D
Name	CINTAS, ALEJANDRO DR.
Address	6101 WEBB RD, SUITE 301
City-State-Zip:	TAMPA FL 33615

Title	D
Name	CRESPO, ISRAEL DR.
Address	7001 N DALE MABRY HWY, STE 10
City-State-Zip:	TAMPA FL 33614

Title	D
Name	PEÑA, MAX DR.
Address	3000 US HIGHWAY 19
City-State-Zip:	HOLIDAY FL 34691

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: GABRIEL GONZALES-PORTILLO**D****03/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date