#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761540** 

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

FILED
Apr 24, 2017
Secretary of State
CC8649573484

04/24/2017

## **Current Principal Place of Business:**

P. O BOX 320578 TAMPA. FL 33679

# **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:

LORENZO, WILFREDO DR. 6700 CROSSWINDS DR N #200A ST PETERSBURG, FL 33710 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

Electronic Signature of Registered Agent Date

Officer/Director Detail:

#177

Title D Title D

Name ROSARIO, ANGEL DR. Name MCCORMACK, JORGE DR.

Address 6919 N DALE MABRY HWY Address 601 5TH STREET S

SUITE 320 SUITE 711

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

Title PRESIDENT Title D

Name PIZARRO-OTERO, JOSE DR. Name SAINZ DE LA PEÑA, MANUEL C DR.

Address 301 W. PLATT ST Address 2727 W MARTIN LUTHER KING JR

BLVD

TAMPA FL 33606 SUITE 450

City-State-Zip: TAMPA FL 33607

Title D

City-State-Zip:

Name RODRIGUEZ, ERNESTO DR. Title DIRECTOR

Address 38135 MARKET SQ Name GONZALEZ, GONZALO DR.

BUILDING B Address 108 S PEBBLE BEACH BLVD

City-State-Zip: ZEPHYRHILLS FL 33542 City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR Title DIRECTOR

NameGONZALEZ, JULIO DR.NameLORENZO, MAYRA DR.Address601 7TH STREET SAddress12150 SEMINOLE BLVDCity-State-Zip:ST PETERSBURG FL 33701City-State-Zip: LARGO FL 33778

### 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: JOSE PIZARRO-OTERO PRESIDENT 04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LOPEZ-MCCORMACK, CELIA DR. Name MEDINA, JOSE DR.

Address 5601 9TH ST N Address 3450 E. FLETCHER AVE

Address 5601 9TH ST N Address 3450 E. Fl

City-State-Zip: ST PETERSBURG FL 33703 City-State-Zip: TAMPA FL 33607

Title DIRECTOR

Name LUQUE, MAXIMO DR.

Address 2502 W ST ISABEL ST STE B Address 3010 EAST 138TH AVE

Title

DIRECTOR

#12

City-State-Zip: TAMPA FL 33607

City-State-Zip: TAMPA FL 33613