

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761540

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

08/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name LORENZO, MAYRA DR.
Address 12150 SEMINOLE BLVD
City-State-Zip: LARGO FL 33778

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

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

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

Title DIRECTOR
Name LOPEZ-MCCORMACK, CELIA DR.
Address 5601 9TH ST N
City-State-Zip: ST PETERSBURG FL 33703

Title DIRECTOR
Name IRIZARRY, KARINA DR.
Address 5205 E FLETCHER AVE
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: MAYRA LORENZO

PRESIDENT

08/11/2020

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 JANER, EDGARD DR.
Address 3355 W BEARSS AVE
City-State-Zip: TAMPA FL 33618

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