

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008683

Entity Name: LATORRA-LARSEN MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

2800 N. FLAGLER DRIVE STE 805
WEST PALM BEACH, FL 33407

Current Mailing Address:

2800 N. FLAGLER DRIVE STE 805
WEST PALM BEACH, FL 33407

FEI Number: 06-1754658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LATORRA, ALBERT J
440 COLUMBIA DR #500
WEST PALM BEACH, FL 33409 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LATORRA, ALBERT JDR
Address 2800 N. FLAGLER DRIVE STE 805
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name LARSEN, WILHELM C.J. DR
Address 2800 N. FLAGLER DRIVE STE 805
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name LARSEN, ALEX DR
Address 2800 N. FLAGLER DRIVE STE 805
City-State-Zip: WEST PALM BEACH FL 33407

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: ALBERT LATORRA

DIRECTOR

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date