

**2016 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  
1601 FORUM PLACE  
9TH FLOOR  
WEST PALM BEACH, FL 33401 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**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date