

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013368

**Entity Name:** LATIN AMERICA PATIENTS ACADEMY INC.

**Current Principal Place of Business:**

10142 SW 79TH AVE  
MIAMI, FL 33156

**Current Mailing Address:**

10142 SW 79TH AVE  
MIAMI, FL 33156 US

**FEI Number: 83-2943466**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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 PD  
Name RUIZ DE CASTILLA, EVA MARIA  
Address 10142 SW 79TH AVE  
City-State-Zip: MIAMI FL 33156

Title MR.  
Name RUDMAN, ANDREW D  
Address 6822 29TH STREET N  
City-State-Zip: ARLINGTON VA 22213

Title TSD  
Name MAYRIDES, MAURICE  
Address 10142 SW 79TH AVE  
City-State-Zip: MIAMI FL 33156

Title D  
Name BOUBY, JANETH  
Address 10142 SW 79TH AVE  
City-State-Zip: MIAMI FL 33156

*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: MAURICE MAYRIDES**

**BOARD  
SECRETARY/TREASURER**

**03/17/2021**

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

\_\_\_\_\_  
Date