

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:23

DOCUMENT # 712952 (1)
1. Corporation Name
THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC

Principal Place of Business Mailing Address
606 SOUTH BOULEVARD TAMPA FL 33606 **606 SOUTH BOULEVARD TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1967** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-6151220** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CLARK, THOMAS
606 SOUTH BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent
81. Name **James Blanco**
82. Street Address (P.O. Box Number is Not Acceptable) **606 South Boulevard**
83.
84. City **Tampa** **FL** 85. Zip Code **33606**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James Blanco* (NOTE: Registered Agent signature required when resigning) DATE **3/21/95**

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	AGLIANO, DENNIS
STREET ADDRESS	4800 N. HABANA AVE., SUITE 23
CITY-ST-ZIP	TAMPA FL
TITLE	DC
NAME	STABLEIN, JOHN
STREET ADDRESS	500 VONDERBURG DR., SUITE 103 EAST
CITY-ST-ZIP	BRANDON FL
TITLE	D
NAME	REDDY, FREDERICK
STREET ADDRESS	508 W. ML KING JR BLVD A
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	SD
NAME	HABAL, MUTAZ
STREET ADDRESS	801 W. ML KING JR. BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	DP
NAME	BOUIS, PIERRE
STREET ADDRESS	4 COLUMBIA DR., SUITE 529
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D
NAME	CLARK, THOMAS B.
STREET ADDRESS	606 SOUTH BLVD.
CITY-ST-ZIP	TAMPA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sylvia Campbell, M.D.
2.3 STREET ADDRESS	217 S. Matanzas
2.4 CITY-ST-ZIP	Tampa, FL 33607
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	606 South Boulevard
3.4 CITY-ST-ZIP	Tampa, FL 33606
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Daniel Sprehe, M.D.
5.3 STREET ADDRESS	800 W. ML King Jr. Blvd.
5.4 CITY-ST-ZIP	Tampa, FL 33603
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	James Blanco
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Blanco* DATE: **3/21/95** TELEPHONE: **(813)253-0471**