

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 27 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**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**

3. Date Incorporated or Qualified  
**06/19/1967**  
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 28 Zip Country 29 Country 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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BLANCO, JAMES** Dennis Grogan, M.D.  
**606 SOUTH BLVD** 12502 N. Pine Drive  
**TAMPA FL 33606** Tampa, FL 33612

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE *Dennis P. Grogan, M.D.* **Dennis P. Grogan, M.D.** **2/20/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AGLIANO, DENNIS	
STREET ADDRESS	4600 N. HABANA AVE., SUITE 23	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	YELVERTON, ROBERT	
STREET ADDRESS	2818 W VIRGINIA AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HABAL, MUTAZ	
STREET ADDRESS	801 W. ML KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, LUIS	
STREET ADDRESS	3011 SWANN AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANCO, JAMES	
STREET ADDRESS	606 SOUTH BLVD.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert W. Yelverton, M.D.	
1.3 STREET ADDRESS	2818 W. Virginia Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33607	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Luis Menendez, M.D.	
2.3 STREET ADDRESS	3011 Swann Ave	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Edward Homan, M.D.	
3.3 STREET ADDRESS	13801 Bruce B. Downs Blvd., #404	
3.4 CITY-ST-ZIP	Tampa, FL 33613	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Madelyn Butler, M.D.	
4.3 STREET ADDRESS	2727 W.M.L.King Blvd. #640	
4.4 CITY-ST-ZIP	Tampa, FL 33607	
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis Grogan, M.D.	
5.3 STREET ADDRESS	12502 N. Pine Drive	
5.4 CITY-ST-ZIP	Tampa, FL 33612	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Dennis P. Grogan, M.D.* **2/16/98 813 253-0471**

CR2E037 (10/97)