

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# 712952

Entity Name: THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

606 SOUTH BOULEVARD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-6151220 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZORIAN, DEBRA
606 S BOULEVARD
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALIS, GENE MD
Address: 3000 E FLETCHER STE 340
City-St-Zip: TAMPA, FL 33613

Title: VPD () Delete
Name: COTO, HUMBERTO MD
Address: 4600 N HABANA AVE STE 4
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: SHEPARD, BRUCE MD
Address: 4312 N HABANA AVE #300
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: LUBIN, DAVID
Address: 508 S HABANA AVE #280
City-St-Zip: TAMPA, FL 33609

Title: ED () Delete
Name: ZORIAN, DEBRA
Address: 606 S BOULEVARD TAMPA
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: MASON, DAVID MD
Address: 4710 N HABANA AVE STE 403
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURRAN, JOHN MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: VPD (X) Change () Addition
Name: LOUIS, KENNETH MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: PD (X) Change () Addition
Name: COTO, HUMBERTO MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: TD (X) Change () Addition
Name: LUBIN, DAVID
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: ED (X) Change () Addition
Name: ZORIAN, DEBRA
Address: 606 S BOULEVARD TAMPA
City-St-Zip: TAMPA, FL 33606 US

Title: SD (X) Change () Addition
Name: HODGES, RICHARD MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBBIE ZORIAN

ED

02/13/2009

Electronic Signature of Signing Officer or Director

Date