2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# 770390

Entity Name: HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

7533 JOMEL DRIVE
SPRING HILL, FL 346072018 US

New Principal Place of Business:

Current Mailing Address:

7533 JOMEL DRIVE
SPRING HILL, FL 346072018 US

New Mailing Address:

FEI Number: 59-2471222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLIMAN, MAUREEN
7533 JOMEL DRIVE
SPRING HILL, FL 346072018 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: P ( ) Delete
Name: REHEEM, LINDA
Address: 11492 STONEVILLE COURT
City-St-Zip: SPRING HILL, FL 74609

Title: T ( ) Delete
Name: MC CARRUGHER, SUSAN
Address: 1604 LAKE POLO DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PP ( ) Delete
Name: SOLIMAN, MAUREEN
Address: 7533 JOMEL DRIVE
City-St-Zip: SPRING HILL, FL 346072018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PALMER, KIMBERLY
Address: 14329 HUNT CLUB LANE
City-St-Zip: BROOKSVILLE, FL 34609

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN SOLIMAN PAST 04/15/2007

Electronic Signature of Signing Officer or Director — Date