

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:46

DOCUMENT # **N32621** (7)

1. Corporation Name

**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE
FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O THOMAS B. CLARK
606 SOUTH BOULEVARD
TAMPA FL 33606

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606 SOUTH BOULEVARD
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1989** 3a. Date of Last Report **06/30/1994**

4. FEI Number **59-2951600** 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

25 Country

28 Zip

30 Country

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 §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, THOMAS B.
606 SOUTH BOULEVARD
TAMPA FL 33606

81 Name **Jim Blanco**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CSERE, DEBBIE**
STREET ADDRESS **1118 CULBREATH ISLES DR.**
CITY - ST - ZIP **TAMPA FL 33629**

1.1 TITLE **PD** Change Addition
1.2 NAME **Canedo Gloria**
1.3 STREET ADDRESS **14603 Anchoret Rd**
1.4 CITY - ST - ZIP **Tampa, FL - 33624**

TITLE **VD**
NAME **SORACE, DENISE**
STREET ADDRESS **16502 AVILA BLVD.**
CITY - ST - ZIP **TAMPA FL 33613**

2.1 TITLE **VD** Change Addition
2.2 NAME **shafii, Gail**
2.3 STREET ADDRESS **9522 Windson Ln.**
2.4 CITY - ST - ZIP **Tampa, FL - 33618**

TITLE **SD**
NAME **EUBANKS, BECKY**
STREET ADDRESS **15303 EATON CT.**
CITY - ST - ZIP **TAMPA FL 33647**

3.1 TITLE **SD** Change Addition
3.2 NAME **Lara Francisca**
3.3 STREET ADDRESS **5804 Mariner Dr.**
3.4 CITY - ST - ZIP **Tampa, FL - 33609**

TITLE **TD**
NAME **CANEDO, GLORIA**
STREET ADDRESS **14603 ANCHORET RD.**
CITY - ST - ZIP **TAMPA FL 33624**

4.1 TITLE **TD** Change Addition
4.2 NAME **shafii Marian**
4.3 STREET ADDRESS **10318 Orange Grove**
4.4 CITY - ST - ZIP **Tampa, FL - 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
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 119.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2-23-95 (813) 963-1809
Title Daytime Phone #