

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N 32621  
1. Corporation Name

HILLSBOROUGH COUNTY MEDICAL ASSOCIATION  
ALLIANCE FOUNDATION, INC.

Principal Place of Business: 606 South Boulevard Tampa, FL 33606  
Mailing Address: 606 South Boulevard Tampa, FL 33606

3. Date Incorporated or Qualified: 05/31/1989  
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt # etc	26. Suite, Apt # etc	59-2951600	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resubmitting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Canedo, Gloria	1.2 NAME	Shafii, Gail
STREET ADDRESS	14603 Anchoret Road	1.3 STREET ADDRESS	9522 Windsong Way
CITY-ST-ZIP	Tampa, FL 33624 <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD Reddy, Maisie
NAME	VD Shafii, Gail	2.2 NAME	4927-B Rivershore Drive
STREET ADDRESS	9522 Windsong Way	2.3 STREET ADDRESS	Tampa, FL 33603
CITY-ST-ZIP	Tampa, FL 33618	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD Haedicke, Melonie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD Inga, Francisca	3.2 NAME	4919 New Providence Avenue
STREET ADDRESS	5804 Mariner Drive	3.3 STREET ADDRESS	Tampa, FL 33629
CITY-ST-ZIP	Tampa, FL 33609	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD Shafii, Marian	4.2 NAME	
STREET ADDRESS	10318 Orange Grove Drive	4.3 STREET ADDRESS	000001771880
CITY-ST-ZIP	Tampa, FL 33618	4.4 CITY-ST-ZIP	-04708796--01024--028
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian Shafii 4/1/96 813-933-4681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)

CR2E037 (12/95)

Handwritten initials and date: 4-2-96