

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90135 004 ****61.25

DOCUMENT # N32621

1. Entity Name

HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE

Foundation, Inc

Principal Place of Business

Mailing Address

HCMA
606 SOUTH BOULEVARD
TAMPA FL 33606

HCMA
606 SOUTH BOULEVARD
TAMPA FL 33606-2630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951600

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDDY, FREDERICK A MD
606 SOUTH BOULEVARD
TAMPA FL 33606

Name

DEBBIE ZORIAN

Street Address (P.O. Box Number is Not Acceptable)

606 SOUTH BOULEVARD

City

TAMPA

FL

Zip Code

33606

8. 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

DEBBIE ZORIAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELENDEZ, DIANE	
STREET ADDRESS	4510 OLD ORCHARD DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LUBIN, MARY	
STREET ADDRESS	3205 OAKMONT MASON CIR	
CITY-ST-ZIP	TAMPA FL 33629-8181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOCOCO, CELIA	
STREET ADDRESS	3411 WEST LOUISIANA	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YARNOZ, JILL	
STREET ADDRESS	3401 1/2 SOUTH BEACH DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEAL, MARIA	
STREET ADDRESS	2402 SOUTH DUNDEE ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DATTOLI, BEATRIZ	
STREET ADDRESS	3301 BAYSHORE BLVD #10-09	
CITY-ST-ZIP	TAMPA FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change
NAME	KAREN DALTON	
STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JILL YARNOZ

1/25/00

813831 9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #