

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32621

FILED
Jan 08, 2008
Secretary of State

Entity Name: HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

HCMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O ARAIN
120 HICKORY CREEK BLVD
BRANDON, FL 33511

New Mailing Address:

C/O STEVENS
505 ERIE AVE
TAMPA, FL 33606

FEI Number: 59-2951600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORIAN, DEBBIE
606 SOUTH 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: TDS () Delete
Name: ARAIN, PAMELA
Address: 120 HICKORY CREED BLVD
City-St-Zip: BRANDON, FL 33511

Title: PD () Delete
Name: JENSEN, JAYNE
Address: 3301 BAYSHORE BLVD #2207
City-St-Zip: TAMPA, FL 33629

Title: 1VP () Delete
Name: BUSKIN, KATHY
Address: 2108 N GOLFVIEW DR
City-St-Zip: PLANT CITY, FL 33566

Title: 2VP () Delete
Name: LEAL, MARIA
Address: 21402 DUNDEE ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: STEVENS, NANCY
Address: 505 ERIE AVE
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: CHHEDA, NIMISHA
Address: 7139 PELICAN ISLAND DRIVE
City-St-Zip: TAMPA, FL 33634

Title: VD (X) Change () Addition
Name: DALTON, KAREN
Address: 505 S. RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD (X) Change () Addition
Name: LEAL, MARIA
Address: 21402 DUNDEE ST
City-St-Zip: TAMPA, FL 33629

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: NANCY S STEVENS

TD

01/08/2008

Electronic Signature of Signing Officer or Director

Date