

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32621

FILED
Jan 30, 2009
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 STEVENS
505 ERIE AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-2951600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: TD () Delete
Name: STEVENS, NANCY
Address: 505 ERIE AVE
City-St-Zip: TAMPA, FL 33606

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ARAIN, PAMELA
Address: 120 HICKORY CREEK BLVD
City-St-Zip: BRANDON, FL 33511

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

Title: PD (X) Change () Addition
Name: PATEL, PRAN
Address: 46 BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33606

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

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date