

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710070 (4)

1. Corporation Name

HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE
, INC.

Principal Place of Business

606 S. BLVD.
TAMPA FL 33606

Mailing Address

606 S. BLVD.
TAMPA FL 33606-26303. Date Incorporated or Qualified
12/17/19653a. Date of Last Report
02/26/1996

4. FEI Number

59-0862249

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JIM BLANCO
606 S. BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAFII, GAIL	
STREET ADDRESS	9522 WINDSONG LN.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REDDY, MAISIE	
STREET ADDRESS	4927-B RIVERSHORE DR	
CITY - ST - ZIP	TAMPA FL 33603	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAFII, MARIAN	
STREET ADDRESS	10318 ORANE GROVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAEDICKE, MELONIE	
STREET ADDRESS	4919 NEW PROVIDENCE AVE	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shafii, Marian	
1.3 STREET ADDRESS	10318 Orange Grove Drive	
1.4 CITY - ST - ZIP	Tampa, FL 33618-4021	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leon, Esperanza	
2.3 STREET ADDRESS	4107 Stillwater Terrace Cove	
2.4 CITY - ST - ZIP	Tampa, FL 33612	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Docobo, Celia	
3.3 STREET ADDRESS	3411 West Louisiana	
3.4 CITY - ST - ZIP	Tampa, FL 33614	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lubin, Mary	
4.3 STREET ADDRESS	3205 Oakmont Mason Circle	
4.4 CITY - ST - ZIP	Tampa, FL 33629-8181	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 MARIAN SHAFII

1/15/97

813-253-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047363

CP2E037 (9/96)