

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712952

Entity Name: THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**606 SOUTH BOULEVARD
TAMPA, FL 33606**Current Mailing Address:**606 SOUTH BOULEVARD
TAMPA, FL 33606**FEI Number:** 59-6151220**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZORIAN, DEBRA
606 S BOULEVARD
TAMPA, FL 33606 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	RAO, JAYANT MD
Address	606 SOUTH BOULEVARD
City-State-Zip:	TAMPA FL 33606

Title	PRESIDENT ELECT
Name	CROMER, MICHAEL MD
Address	606 S. BLVD.
City-State-Zip:	TAMPA FL 33606

Title	VP
Name	SILVERFIELD, JOEL DR.
Address	606 S. BLVD.
City-State-Zip:	TAMPA FL 33606

Title	EXECUTIVE DIRECTOR
Name	ZORIAN, DEBRA
Address	606 S BOULEVARD TAMPA
City-State-Zip:	TAMPA FL 33606

Title	SECRETARY
Name	KAILIK , ALEJANDRA DR.
Address	606 SOUTH BOULEVARD
City-State-Zip:	TAMPA FL 33606

Title	TREASURER
Name	CROOKE, EVA
Address	606 SOUTH BOULEVARD
City-State-Zip:	TAMPA FL 33606

I hereby 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 all other like empowered.

SIGNATURE: JAYANT RAO**PRESIDENT****01/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date