

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 021 *****70.00

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1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0862249

Applied For

Not Applicable

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

**ZORIAN, DEBBIE
606 S. BLVD.
TAMPA FL 33602**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARAIN, PAMELA
STREET ADDRESS 120 HICKORY CREEK BLVD
CITY-ST-ZIP BRANDON FL 33511

TITLE VD ☐ Delete
NAME JENSEN, JAYNE
STREET ADDRESS 3301 BAYSHORE BLVD. #2207
CITY-ST-ZIP TAMPA FL 33629-4801

TITLE TD ☒ Delete
NAME STELLA, NOVITZKY
STREET ADDRESS 6305 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL 33611

TITLE SD ☒ Delete
NAME PEREZ, ANNA
STREET ADDRESS 5010 SHORECREST CIRCLE
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME M. Jayne Jensen
STREET ADDRESS 3301 Bayshore Blvd #2207
CITY-ST-ZIP Tampa, Florida 33629

TITLE VD ☐ Change ☒ Addition
NAME Kathy Baskin
STREET ADDRESS 2108 N. Golfview Drive
CITY-ST-ZIP Plant City, Florida 33566

TITLE TD ☒ Change ☐ Addition
NAME Pamela Arain
STREET ADDRESS 120 Hickory Creek Blvd
CITY-ST-ZIP Brandon, Florida 33511

TITLE SD ☒ Change ☐ Addition
NAME Pamela Arain
STREET ADDRESS 120 Hickory Creek Blvd
CITY-ST-ZIP Brandon, Florida 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

P. Pamela Arain

*Treasurer and
Secretary*