

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710070

FILED  
Jan 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

606 S. BLVD.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

606 S. BLVD.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-0862249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZORIAN, DEBBIE  
606 S. BLVD.  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: DALTON, KAREN J  
Address: 505 S. RIVERHILLS DR.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD ( ) Delete  
Name: JENSEN, JAYNE  
Address: 3301 BAYSHORE BLVD. #2207  
City-St-Zip: TAMPA, FL 336294801

Title: TDSD ( ) Delete  
Name: MARINA, YOUAKIM  
Address: 10505 LA CERA DR.  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: MARIA, LEAL  
Address: 2402 DUNDEE ST..  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: PD (X) Change ( ) Addition  
Name: MARIA, LEAL  
Address: 2402 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