

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710070

FILED
Jan 30, 2009
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:

STEVENS, NANCY
606 S. BLVD.
TAMPA, FL 33602 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: NANCY S STEVENS

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: PD () Delete
Name: MARIA, LEAL
Address: 2402 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 STEVENS

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date