

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710070

**FILED**  
**Jan 14, 2010**  
**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:**

606 S. BLVD.  
HCVAA  
TAMPA, FL 33606

**Current Mailing Address:**

606 S. BLVD.  
TAMPA, FL 33606

**New Mailing Address:**

606 S. BLVD.  
HCVAA  
TAMPA, FL 33606

**FEI Number:** 59-0862249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

STEVENS, NANCY  
606 S. BLVD.  
HCVAA  
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:

01/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRESPO, BLANCA  
Address: 18812 WIMBLEDON CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: PD  
Name: ARAIN, PAMELA  
Address: 120 HICKORY CREEK BLVD  
City-St-Zip: BRANDON, FL 33511

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

Title: SC  
Name: COUSIN, MURA  
Address: 4111 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558

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: NANCY S STEVENS

TD

01/14/2010

Electronic Signature of Signing Officer or Director

Date