

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90011 037 \*\*\*\*61.25

<b>DOCUMENT # 712952</b> 1. Entity Name <b>THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC.</b>					
Principal Place of Business <b>606 SOUTH BOULEVARD TAMPA, FL 33606</b>			Mailing Address <b>606 SOUTH BOULEVARD TAMPA, FL 33606</b>		
2. Principal Place of Business <b>606 South Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>606 South Blvd</b> Suite, Apt. #, etc.		
City & State <b>Tampa, FL</b>			City & State <b>Tampa, FL</b>		
Zip <b>33606</b>			Zip <b>33606</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>59-6151220</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZORIAN, DEBRA 606 S BOULEVARD TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Debbie Zorian</i></u> <b>DEBBIE ZORIAN</b> <u>1-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTANDREA, FRANK MD 4710 N. HABANA AVE #400 TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Renda Knapp, MD. 606 S. Blvd Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED KNAPP, RENDA K MD 15260 AMBERLY DRIVE TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Bruce Shephard, MD 4302 N. HABANA AVE #300 Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAINES, PAMELA B MD 2727 W. M.L. KING, JR. BLVD. #660 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID LUBIN, MD 508 S. HABANA AVE Ste 380 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUBIN, DAVID 508 S HABANA AVE STE 380 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAMELA BAINES, MD 2727 W. M.L.K, Jr Blvd #660 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ZORIAN, DEBRA 606 S BOULEVARD TAMPA TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPARD, BRUCE MD 4302 N HABANA AVE., #300 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD Gene Balis, MD 3000 E. Fletcher Ave Ste 340 Tampa, FL 33613
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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: <u><i>Debbie Zorian</i></u> <b>DEBBIE ZORIAN</b> <u>1-17-06</u> <u>813-253-0471</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					