



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90079 046 ****61.25

DOCUMENT # 712952 1. Entity Name THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC.					
Principal Place of Business 606 SOUTH BOULEVARD TAMPA, FL 33606			Mailing Address 606 SOUTH BOULEVARD TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01162007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6151220	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZORIAN, DEBRA 606 S BOULEVARD TAMPA, FL 33606			7. Name and Address of New Registered Agent 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 <u><i>Debra Zorian</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-16-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALIS, GENE MD 3000 E. FLETCHER AVE., STE. 340 TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Director James Hulls, M.D. 3100 E. Fletcher Ave. Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNAPP, RENDA K MD 606 S. BLVD TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Bruce Shephard, MD 4302 N. Habana Ave #300 Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAINES, PAMELA B MD 2727 W. M.L. KING, JR. BLVD. #660 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director David Rubin, MD 508 S. Habana Ave - Ste 280 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUBIN, DAVID 508 S HABANA AVE STE 380 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Humberto Coto, M.D. 4600 N. Habana Ave Ste 4 Tampa, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	President Elect / Director Gene Balis, M.D. 3000 E. Fletcher Ave Ste 340 Tampa, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SHEPARD, BRUCE MD 4302 N HABANA AVE., #300 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect / Director Gene Balis, M.D. 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 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: <u><i>Debra Zorian</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-16-07</u> <u>813-2530471</u> <small>Date Daytime Phone #</small>		