

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712952

FILED
Feb 10, 2012
Secretary of State

Entity Name: THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

606 SOUTH BOULEVARD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-6151220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZORIAN, DEBRA
606 S BOULEVARD
TAMPA, FL 33606 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
Name: BECKER, MATHIS MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: VPD
Name: PITTMAN, CHRIS MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: PE
Name: DAVISON, WILLIAM MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: TD
Name: ROOT, MALCOLM MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: ED
Name: ZORIAN, DEBRA
Address: 606 S BOULEVARD TAMPA
City-St-Zip: TAMPA, FL 33606 US

Title: SD
Name: LUBIN, DAVID MD
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

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: DEBBIE ZORIAN

ED

02/10/2012

Electronic Signature of Signing Officer or Director

_____ Date