

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

DOCUMENT# 770390

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business:**

7533 JOMEL DRIVE  
SPRING HILL, FL 346072018 US

**New Principal Place of Business:**

**Current Mailing Address:**

7533 JOMEL DRIVE  
SPRING HILL, FL 346072018 US

**New Mailing Address:**

**FEI Number:** 59-2471222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLIMAN, MAUREEN  
7533 JOMEL DRIVE  
SPRING HILL, FL 346072018 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: P  
Name: PALMER, KIMBERLY  
Address: 14329 HUNT CLUB LANE  
City-St-Zip: BROOKSVILLE, FL 34609

Title: T  
Name: MC CARRUGHER, SUSAN  
Address: 1604 LAKE POLO DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: PP  
Name: SOLIMAN, MAUREEN  
Address: 7533 JOMEL DRIVE  
City-St-Zip: SPRING HILL, FL 346072018 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: KIMBERLY PALMER

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date