

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

FILED  
Apr 26, 2008  
Secretary of State

**Entity Name:** THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.

**Current Principal Place of Business:**

38135 MARKET SQUARE  
ZEPHRYHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

38135 MARKET SQUARE  
ZEPHRYHILLS, FL 33540

**New Mailing Address:**

38135 MARKET SQUARE  
ZEPHRYHILLS, FL 33542

**FEI Number:** 20-2374178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARQUARDT, EMIL C JR.  
625 COURT ST., SUITE 200  
CLEARWATER, FL 33756 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 ( ) Delete  
Name: SCHWAB, SHERIDON PRES.  
Address: 5301 BERNADETTE DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP ( ) Delete  
Name: PINALS, MARK VP  
Address: 4706 TANNERY AVENUE  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: FETTIA, CYNTHIA TREAS  
Address: 35126 PERCH DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Delete  
Name: HUGHES, JANE SEC'Y  
Address: 34907 GREEN STEELE ROAD  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHWAB, SHERIDAN PRES.  
Address: 5301 BERNADETTE DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FETTIG, CYNTHIA TREAS  
Address: 35126 PERCH DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERIDAN SCHWAB

PRES

04/26/2008

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

\_\_\_\_\_  
Date