

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

FILED  
May 02, 2010  
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:**

38135 MARKET SQUARE  
ZEPHRYHILLS, FL 33542

**Current Mailing Address:**

38135 MARKET SQUARE  
ZEPHRYHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 20-2374178      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MARQUARDT, EMIL C JR.  
625 COURT ST., SUITE 200  
CLEARWATER, FL 33756      US

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:** HUGHES, JANE PRES.  
**Address:** 34907 GREEN STEELE ROAD  
**City-St-Zip:** DADE CITY, FL 33525 US

**Title:** VP  
**Name:** PINALS, MARK VP  
**Address:** 4706 TANNERY AVENUE  
**City-St-Zip:** TAMPA, FL 33624 US

**Title:** T  
**Name:** CUFFE, COLLEEN TREAS  
**Address:** 5034 DEVON PARK DRIVE  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** S  
**Name:** RATERMAN, HELEN SEC'Y  
**Address:** 11108 WINTHROP WAY  
**City-St-Zip:** TAMPA, FL 33612 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: COLLEEN CUFFE

T

05/02/2010

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

\_\_\_\_\_  
Date