

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

FILED
Feb 24, 2011
Secretary of State

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

Current Principal Place of Business:

38135 MARKET SQUARE
ZEPHRYHILLS, FL 33542

New Principal Place of Business:

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 ()

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
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

Title: VP
Name: SCHWAB, SHERIDAN VP
Address: 5301 BERNADETTE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

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

TREA

02/24/2011

Electronic Signature of Signing Officer or Director

Date