

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

FILED  
Apr 18, 2012  
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: HARPER, JOHN PRES.  
Address: 34902 GREENSTEELE ROAD  
City-St-Zip: DADE CITY, FL 33525 US

Title: VP  
Name: WEISMAN, KAROLYN VP  
Address: 4532 W. SWANN AVENUE  
City-St-Zip: TAMPA, FL 33609 US

Title: T  
Name: ALVAREZ, CHRISTIAN TREAS  
Address: 27421 MISTFLOWER DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 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: CHRISTIAN ALVAREZ

TREA

04/18/2012

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

\_\_\_\_\_  
Date