

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 32621
1. Corporation Name

**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
ALLIANCE FOUNDATION, INC.**

Principal Place of Business: **606 South Boulevard Tampa, FL 33606**
Mailing Address: **606 South Boulevard Tampa, FL 33606**

3. Date Incorporated or Qualified: **05/31/1989**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt # etc		26	59-2951600		Not Applicable	
22	City & State		27	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State		28	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	Country	29	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Jim Blanco 606 South Boulevard Tampa, FL 33606				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Canedo, Gloria			12 NAME	Shafii, Gail		
STREET ADDRESS	14603 Anchoret Road			13 STREET ADDRESS	9522 Windsong Way		
CITY-ST-ZIP	Tampa, FL 33624	<input checked="" type="checkbox"/> DELETE		14 CITY-ST-ZIP	Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD Shafii, Gail			21 TITLE	VD Reddy, Maisie		
NAME	VD Shafii, Gail			22 NAME	4927-B Rivershore Drive		
STREET ADDRESS	9522 Windsong Way			23 STREET ADDRESS	Tampa, FL 33603		
CITY-ST-ZIP	Tampa, FL 33618			24 CITY-ST-ZIP			
TITLE	SD Inga, Francisca	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD Haedicke, Melonie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5804 Mariner Drive			32 NAME	4919 New Providence Avenue		
STREET ADDRESS	Tampa, FL 33609			33 STREET ADDRESS	Tampa, FL 33629		
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE	TD Shafii, Marian	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10318 Orange Grove Drive			42 NAME			
STREET ADDRESS	Tampa, FL 33618			43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP	000001771880		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	-04708796--01024--028	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	***61.25		
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian Shafii 4/1/96 813-933-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Phone #)

CR2E037 (12/95)

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