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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N32621 (7)**  
1. Corporation Name  
**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
C/O THOMAS B. CLARK 606 SOUTH BOULEVARD TAMPA FL 33606  
C/O THOMAS B. CLARK 606 SOUTH BOULEVARD TAMPA FL 33606-2630

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **05/31/1989** 3a. Date of Last Report **04/06/1996**  
4. FEI Number **59-2951600** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BLANCO, JIM  
606 SOUTH BOULEVARD  
TAMPA FL 33606**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAFII, GAIL	
STREET ADDRESS	9522 WINDSONG WAY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REDDY, MAISIE	
STREET ADDRESS	4927-B RIVERSHORE DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAEDICKE, MELONIE	
STREET ADDRESS	4919 NEW PROVIDENCE AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAFII, MARIAN	
STREET ADDRESS	10318 ORANGE GROVE DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shafii, Marian	
1.3 STREET ADDRESS	10318 Orange Grove Drive	
1.4 CITY-ST-ZIP	Tampa, FL 33618-4021	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leon, Esperanza	
2.3 STREET ADDRESS	4107 Stillwater Terrace Cove	
2.4 CITY-ST-ZIP	Tampa, FL 33612	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Docobo, Celia	
3.3 STREET ADDRESS	3411 West Louisiana	
3.4 CITY-ST-ZIP	Tampa, FL 33614	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lubin, Mary	
4.3 STREET ADDRESS	3205 Oakmont Mason Circle	
4.4 CITY-ST-ZIP	Tampa, FL 33629-8181	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **MARIAN SHAFII** 1/15/97 813253-0471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047366

CR2E037 (9/96)