


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90178 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N32621 1. Corporation Name HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.		
Principal Place of Business	Mailing Address	
C/O THOMAS B. CLARK HCMA 606 SOUTH BOULEVARD TAMPA FL 33606	606 THOMAS B. CLARK HCMA 606 SOUTH BOULEVARD TAMPA FL 33606	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/31/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2951600
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANCO, JIM 606 SOUTH BOULEVARD TAMPA FL 33606	81 Name Frederick A. Reddy, MD 82 Street Address (P.O. Box Number is Not Acceptable) 606 South Boulevard 83 84 City TAMPA FL 85 Zip Code 33606

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: *F. Reddy, MD* DATE: **2-3-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DATTOLI, BEATRIZ	1.2 NAME	Melendez, Diane
STREET ADDRESS	3301 BAYSHORE BLVD 1009	1.3 STREET ADDRESS	4510 Old Orchard Drive
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBIN, MARY	2.2 NAME	
STREET ADDRESS	3205 OAKMONT MASON CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629-8181	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCOCO, CELIA	3.2 NAME	Dococo, Celia
STREET ADDRESS	3411 WEST LOUISIANA	3.3 STREET ADDRESS	3411 West Louisiana
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUBIN, MARY	4.2 NAME	Yarnoz, Jill
STREET ADDRESS	3205 OAKMONT MASON CIR.	4.3 STREET ADDRESS	340 1/2 South Beach Drive
CITY-ST-ZIP	TAMPA FL 81	4.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SB <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLENDEZ, DIANE	5.2 NAME	Leal, Maria
STREET ADDRESS	4510 OLD ORCHARD DR	5.3 STREET ADDRESS	2402 South Dundee St
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	TAMPA FL 33629
TITLE	PDE <input type="checkbox"/> DELETE	6.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatriz Dattoli	6.2 NAME	Beatriz Dattoli
STREET ADDRESS	3301 Bayshore Blvd # 10-09	6.3 STREET ADDRESS	3301 Bayshore Blvd # 10-09
CITY-ST-ZIP	TAMPA, FL 33629	6.4 CITY-ST-ZIP	TAMPA, FL 33629

14. I 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, with all other like empowered.

SIGNATURE: *Beatriz Dattoli* DATE: **2/2/99 (813) 831-3374**

CR2E037 (1/98)