

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90135 004 ****61.25

DOCUMENT # N32621
 1. Entity Name
HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE
Foundation, Inc

Principal Place of Business Mailing Address

HCMA HCMA
 606 SOUTH BOULEVARD 606 SOUTH BOULEVARD
 TAMPA FL 33606 TAMPA FL 33606-2630

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2951600** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REDDY, FREDERICK A MD
606 SOUTH BOULEVARD
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **DEBBIE ZORIAN**
 Street Address (P.O. Box Number is Not Acceptable) **606 SOUTH BOULEVARD**
 City **TAMPA** FL Zip Code **33606**

8. 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 **DEBBIE ZORIAN** DATE **1/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELENDEZ, DIANE 4510 OLD ORCHARD DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAREN DALTON TAMPA, FL 33689 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUBIN, MARY 3205 OAKMONT MASON CIR TAMPA FL 33629-8181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOCOBO, CELIA 3411 WEST LOUISIANA TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YARNOZ, JILL 3401 1/2 SOUTH BEACH DRIVE TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEAL, MARIA 2402 SOUTH DUNDEE ST TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DATTOLI, BEATRIZ 3301 BAYSHORE BLVD #10-09 TAMPA FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JILL YARNOZ** DATE: **1/25/00** DAYTIME PHONE: **813831 9867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #