2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N32621

Entity Name: HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

HCMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

HCMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-2951600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZORIAN, DEBBIE
606 SOUTH BOULEVARD
TAMPA, FL 33606 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: PD ( ) Delete
Name: MOVITZKY, STELLA
Address: 6305 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete
Name: KEITH, GAIL
Address: 4901 ANDROS DR.
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: JENSEN, JAYNE
Address: 3301 BAYSHORE BLVD #2207
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete
Name: PEREZ, ANNA
Address: 5010 SHORE CREST CIRCLE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARAIN, PAMELA
Address: 120 HICKORY CREED BLVD
City-St-Zip: BRANDON, FL 33511

Title: TD (X) Change ( ) Addition
Name: NOVITZKY, STELLA
Address: 6305 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STELLA M. NOVITZKY MRS. 04/24/2005

Electronic Signature of Signing Officer or Director — Date