2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N32621 1. Entity Name 04-27-2006 90174 013 ****70.00 HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC. Principal Place of Business Mailing Address **HCMA HCMA** 606 SOUTH BOULEVARD TAMPA FL 33606 606 SOUTH BOULEVARD TAMPA FL 33606 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2951600 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33511 115 borned Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZORIAN, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 606 SOUTH BOULEVARD TAMPA FL 33606 🛴 🚽 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE PD Delete TITLE ΤD Change lanela Arain ARAIN, PAMELA NAME NAME 120 120 HICKORY CREED BLVD STREET ADDRESS STREET ADDRESS Florida 33511 BRANDON FL 33511 CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE Schelete TITLE ☐ Addition NOVITZKY, STELLA NAME NAME STREET ADDRESS 6305 BAYSHORE BLVD STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PD Change Addition NAME JENSEN, JAYNE NAME STREET ADDRESS 3301 BAYSHORE BLVD #2207 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP SD TITLE Delete TITLE Addition NAME PEREZ, ANNA NAME 5010 SHORE CREST CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE FIRST ☐ Change NAME NAME N. Colfview Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP IIILE Secon ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. If 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:

Arain/4-12-06

FILED