

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 019 ****61.25

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



Principal Place of Business
HOMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

Mailing Address
606 S. BOULEVARD
TAMPA, FL 33606

40029932



01172007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

ZORIAN, DEBBIE
606 SOUTH BOULEVARD
TAMPA, FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DALTON, KAREN
STREET ADDRESS 606 S. BOULEVARD
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME JENSEN, JAYNE
STREET ADDRESS 3301 BAYSHORE BLVD #2207
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LEAL, MARIA
STREET ADDRESS 606 S. BOULEVARD
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME LIST, KIM
STREET ADDRESS 606 S. BOULEVARD
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Delete
NAME YOUAKIM, MARINA
STREET ADDRESS 606 S. BOULEVARD
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Marina Youakim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 (813)9323894

Date

Daytime Phone #