

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32621

FILED
Jan 14, 2010
Secretary of State

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:

HCMMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

Current Mailing Address:

C/O STEVENS
505 ERIE AVE
TAMPA, FL 33606

New Mailing Address:

HCMMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

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:

STEVENS, NANCY S
606 SOUTH BOULEVARD
TAMPA, FL 33606 US

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: NANCY S STEVENS

01/14/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: STEVENS, NANCY
Address: 505 ERIE AVE
City-St-Zip: TAMPA, FL 33606

Title: VD
Name: ARAIN, PAMELA
Address: 120 HICKORY CREEK BLVD
City-St-Zip: BRANDON, FL 33511

Title: SC
Name: COUSIN, MURA
Address: 4111 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: PD
Name: CRESPO, BLANCA
Address: 18812 WIMBLEDON CIRCLE
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: NANCY S STEVENS

TD

01/14/2010

Electronic Signature of Signing Officer or Director

Date