

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32621

FILED
Jan 10, 2011
Secretary of State

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

Current Principal Place of Business:

HCMMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

606 SOUTH BOULEVARD
TAMPA, FL 33606

Current Mailing Address:

HCMMA
606 SOUTH BOULEVARD
TAMPA, FL 33606

New Mailing Address:

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:

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

Name and Address of New Registered Agent:

CRESPO, BLANCA I PD
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: BLANCA I CRESPO

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SC
Name: MOYA, SOFIA
Address: 3610 DALE AVENUE
City-St-Zip: TAMPA, FL 33619

Title: TD
Name: TUMMEL, LAUREN
Address: 1507 E. 9TH AVENUE,
City-St-Zip: TAMPA, FL 33605

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: BLANCA I. CRESPO

PD

01/10/2011

Electronic Signature of Signing Officer or Director

Date