2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# N32621

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

Current Principal Place of Business:

606 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

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:

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

Title: PE
Name: PITTMAN, KAREN
Address: 12228 BROADWATER LOOP
City-St-Zip: THONOTOSASSA, FL 33592

Title: SC
Name: MOYA, SOFIA
Address: 811 SOUTH MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

Title: TD
Name: GRISALES, GLORIA
Address: 5928 JEFFERSON PARK DRIVE
City-St-Zip: TAMPA, FL 33625

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 01/19/2012
Electronic Signature of Signing Officer or Director Date