

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004582

FILED
Feb 13, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

606 S. BLVD.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

606 S. BLVD.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3470072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORIAN, DEBRA
606 S 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: TD () Delete
Name: MENENDEZ, LUIS M.D.
Address: 3011 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: ED () Delete
Name: ZORIAN, DEBRA
Address: 606 S BOULEVARD
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: DALENCE, CARLOS
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606

Title: PD () Delete
Name: WASYLIK, MICHAEL
Address: 606 S BLVD
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MENENDEZ, LUIS M.D.
Address: 3011 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609 US

Title: ED (X) Change () Addition
Name: ZORIAN, DEBRA
Address: 606 S BOULEVARD
City-St-Zip: TAMPA, FL 33606 US

Title: SD (X) Change () Addition
Name: DALENCE, CARLOS
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

Title: PD (X) Change () Addition
Name: WASYLIK, MICHAEL
Address: 606 S BLVD
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA ZORIAN

ED

02/13/2009

Electronic Signature of Signing Officer or Director

Date