

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004582

FILED
Jan 11, 2011
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 (X)

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
Name: MENENDEZ, LUIS M.D.
Address: 606 S. BLVD.
City-St-Zip: TAMPA, FL 33606 US

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

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

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

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: MICHAEL WASYLIK, MD

PRES

01/11/2011

Electronic Signature of Signing Officer or Director

Date