

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING,
INC.**FILED**
Apr 23, 2025
Secretary of State
0370766323CC**Current Principal Place of Business:**2352 BRUCE B DOWNS BLVD.
SUITE 306
WESLEY CHAPEL, FL 33544**Current Mailing Address:**38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542 US**FEI Number: 20-2384178****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARQUARDT, J. MATTHEW ESQ.
625 COURT ST., SUITE 200
CLEARWATER, FL 33756 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: J. MATTHEW MARQUARDT****04/23/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name FITZPATRICK, MARK
Address 12471W. LINEBAUGH AVE.
City-State-Zip: TAMPA FL 33626**Title** DIRECTOR
Name ELAM, CHRISTOPHER
Address 30530 TREYBURN LOOP
City-State-Zip: WESLEY CHAPEL FL 33543**Title** TREASURER
Name ALVAREZ, CHRISTIAN
Address 5823 BOWEN DANIEL DRIVE
UNIT 1501
City-State-Zip: TAMPA FL 33616**Title** CHAIRMAN
Name CHAILDIN, AMY
Address 1205 EAST CHELSEA STREET
City-State-Zip: TAMPA FL 33603**Title** DIRECTOR
Name POTTINGER, ANGELA
Address 422 HICKORY TREE CIRCLE
City-State-Zip: SEFFNER FL 33584**Title** DIRECTOR
Name DELATORRE, JOE
Address 5445 PINE BARK LANE
City-State-Zip: WESLEY CHAPEL FL 33543**Title** DIRECTOR
Name SCHWAB, SHERIDAN
Address 5301 BERNADETTE DRIVE
City-State-Zip: ZEPHYRHILLS FL 33541**Title** VC
Name JENNINGS, ASHLEY
Address 7138 HANDCART ROAD
City-State-Zip: WESLEY CHAPEL FL 33545**Continues on page 2**

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: JOE DELATORRE**DIRECTOR****04/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name ROSALES, LOUIS
Address 10007 COLDWATER LOOP
City-State-Zip: LAND O LAKES FL 34638

Title DIRECTOR
Name ZWIERKO, AMANDA
Address 319 FERN CLIFF AVE.
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR
Name MAHTANI, ROSHAN DR.
Address 17914 BAHAMA ISLE DR.
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name LANDRY, PAMELA
Address 5351 BRIDGE STREET
UNIT 54
City-State-Zip: TAMPA FL 33611