

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.**FILED**
Apr 23, 2018
Secretary of State
CC2526215060**Current Principal Place of Business:**1527 DALE MABRY HWY, SUITE 105
LUTZ, FL 33548**Current Mailing Address:**1527 DALE MABRY HWY, SUITE 105
LUZ, FL 33548 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****04/23/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name FITZPATRICK, MARK
Address 18520 N DALE MABRY HWY
City-State-Zip: LUTZ FL 33548**Title** TREASURER
Name ALVAREZ, CHRISTIAN
Address 5823 BOWEN DANIEL DRIVE
UNIT 1501
City-State-Zip: TAMPA FL 33616**Title** DIRECTOR
Name POTTINGER, ANGELA
Address 422 HICKORY TREE CIRCLE
City-State-Zip: SEFFNER FL 33584**Title** DIRECTOR
Name CAPALDI, SILVANA
Address 1801 WEST HILLS AVENUE
City-State-Zip: TAMPA FL 33606**Title** VP
Name ELAM, CHRISTOPHER
Address 30530 TREYBURN LOOP
City-State-Zip: WESLEY CHAPEL FL 33543**Title** SECRETARY
Name CHAILDIN, AMY
Address 1205 CHELSEA STREET
City-State-Zip: TAMPA FL 33603**Title** DIRECTOR
Name BENGE, DARRYL
Address 11304 LAZY HICKORY LANE
City-State-Zip: TAMPA FL 33635**Title** DIRECTOR
Name CROZIER, WENDY
Address 39208 6TH AVENUE
City-State-Zip: ZEPHYRHILLS FL 33542**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: ANGELA POTTINGER**EXECUTIVE DIRECTOR****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DELATORRE, JOE
Address 2150 VIA BELLA BOULEVARD
City-State-Zip: LAND O'LAKES FL 34639

Title DIRECTOR
Name HUBAYKAH, DINA
Address 18001 KINGS PARK DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name SCHWAB, SHERIDAN
Address 5301 BERNADETTE DRIVE
City-State-Zip: ZEPHYRHILLS FL 33541

Title DIRECTOR
Name EUBANKS, HUNTER DR.
Address 15303 EATON COURT
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name SOTROP, CHERYL
Address PO BOX 1638
City-State-Zip: LUTZ FL 33548