2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2024
Secretary of State
3712143798CC

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.

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 04/10/2024

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

Title	DIRECTOR
Name	ELAM, CHRISTOPHER
Address	30530 TREYBURN LOOP
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	CHAIRMAN
Name	CHAILDIN, AMY
Address	1205 EAST CHELSEA STREET
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	DELATORRE, JOE
Address	5445 PINE BARK LANE
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	VC
Name	JENNINGS, ASHLEY
Address	7138 HANDCART ROAD
City-State-Zip:	WESLEY CHAPEL FL 33545

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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 04/10/2024

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