

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.**FILED**
May 06, 2017
Secretary of State
CC6702353031**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****05/06/2017**

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	VP
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	SECRETARY
Name	CHAILDIN, AMY
Address	1205 CHELSEA STREET
City-State-Zip:	TAMPA FL 33603

Title	DIRECTOR
Name	POTTINGER, ANGELA
Address	422 HICKORY TREE CIRCLE
City-State-Zip:	SEFFNER FL 33584

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****05/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date