

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.**FILED**
Jun 12, 2020
Secretary of State
6361854545CC**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****06/12/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FITZPATRICK, MARK
Address 18520 N DALE MABRY HWY
City-State-Zip: LUTZ FL 33548

Title CHAIRMAN
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 VC
Name CHAILDIN, AMY
Address 915 N FRANKLIN STREET
#1912
City-State-Zip: TAMPA FL 33602

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

Title DIRECTOR
Name BENGE, DARRYL
Address 11304 LAZY HICKORY LANE
City-State-Zip: TAMPA FL 33635

Title SECRETARY
Name CAPALDI, SILVANA
Address 1801 WEST HILLS AVENUE
City-State-Zip: TAMPA FL 33606

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

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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: ANGELA POTTINGER**EXECUTIVE DIRECTOR****06/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HULL, ALLISON DR.
Address 14611 GALT LAKE DRIVE
City-State-Zip: TAMPA FL 33626

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

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

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

Title DIRECTOR
Name FRANK , WEAVER
Address 18016 ARBOR CREST DRIVE
City-State-Zip: TAMPA FL 33647