## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001316

Entity Name: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING,

INC.

Jan 12, 2015 Secretary of State CC1669536690

**FILED** 

## **Current Principal Place of Business:**

38135 MARKET SQUARE ZEPHRYHILLS, FL 33542

# **Current Mailing Address:**

38135 MARKET SQUARE ZEPHRYHILLS, FL 33542

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

01/12/2015

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title P Title VP

Name HARPER, JOHN PRES. Name FRAZIER , RAY VP

Address 34902 GREENSTELE ROAD Address 3028 STONEGATE FALLS DRIVE

City-State-Zip: DADE CITY FL 33525 City-State-Zip: LAND O'LAKES FL 34638

Title T

Name ALVAREZ, CHRISTIAN TREAS
Address 4130 WILDSTAR CIRCLE
City-State-Zip: WESLEY CHAPEL FL 33544

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: CHRISTIAN ALVAREZ TREAS 01/12/2015