FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:31

DOCUMENT # 735658 (7)

1. Corporation Name

FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
1007 MARSCASTLE AVE ORLANDO FL 32812	1007 MARSCASTLE AVE ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1976
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1738758 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JACKSON, JEANNE
1007 MARSCASTLE AVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	☒ Change ☐ Addition
NAME	HEISS, CHRISTINE	1.2 NAME	ANN Youngblood
STREET ADDRESS	6150 CHAPMAN FIELD ROAD	1.3 STREET ADDRESS	3050 BANKS RD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	PE	2.1 TITLE	☒ Change ☐ Addition
NAME	YOUNGBLOOD, ANN	2.2 NAME	PAMELA ROLLINS
STREET ADDRESS	3050 BANKS ROAD	2.3 STREET ADDRESS	1684 S. HERAMITAGE RD
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	PE	3.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	PERRY, ELLIE	3.2 NAME	
STREET ADDRESS	9242 123RD AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROLSTON, DIANE	4.2 NAME	
STREET ADDRESS	1240 TUXFORD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	LYNCH, DEBBIE	5.2 NAME	KELLY MCLENDON
STREET ADDRESS	6171 ELSINORE CIRCLE	5.3 STREET ADDRESS	1985 KING RICHARD DR
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	TITUSVILLE FL 32796
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KORN, ROBYN	6.2 NAME	
STREET ADDRESS	3762 SCHWALBE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne Jackson Jan 31 1995 407-282-2635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE JACKSON, EXEC. COORDINATOR

0034036