FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 04/23/1976
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21: 3217 CARRIAGE Circle
22: Suite, Apt. #, etc.
23: City & State: Naples, FL
24: Zip: 33942
25: Country: USA

2a. Mailing Address
26: PO Box 1432
27: Suite, Apt. #, etc.
28: City & State: Naples, FL
29: Zip: 33939
30: Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Lori Eytel Lucas
82 Street Address (P.O. Box Number Is Not Acceptable): 3217 CARRIAGE CIRCLE
83:
84 City: Naples FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lori Eytel Lucas, Executive Coordinator — 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PP	☒ DELETE	1.1 TITLE	PP	☐ Change ☒ Addition
NAME	YOUNGBLOOD, ANN		1.2 NAME	Linda STONE	
STREET ADDRESS	3050 BANKS RD		1.3 STREET ADDRESS	5901 Augusta National # 110	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	PE	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	ROLLINS, PAMELA		2.2 NAME		
STREET ADDRESS	1684 S. HERMITAGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	PP	☒ 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	☐ DELETE	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	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCLENDON, KELLY		5.2 NAME	Deben Hanson	
STREET ADDRESS	1985 KING RICHARD DR		5.3 STREET ADDRESS	10111 W. Forest Hills Blvd. Suite 281	
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	D	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: Lori Eytel Lucas RRA — 2/19/96 — 941-435-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #