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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735658 (7)

1. Corporation Name

FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

3217 CARRAGE CIRCLE
NAPLES FL 33942
US

Mailing Address

PO BOX 1432
NAPLES FL 34106-1432
US

3. Date Incorporated or Qualified

04/23/1976

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34105

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, LORI E.
3217 CARRAGE CIRCLE
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34105

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 Eitel Lucas Lori Eitel Lucas, Executive Coordinator 1/5/97

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	PE	☐ DELETE
NAME	STONE, LINDA	
STREET ADDRESS	5901 AUGUSTA NATIONAL, #110	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	☐ DELETE
NAME	ROLLINS, PAMELA	
STREET ADDRESS	1684 S. HERMITAGE RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PP	☒ DELETE
NAME	PERRY, ELLIE	
STREET ADDRESS	9242 123RD AVE N	
CITY-ST-ZIP	LARGO FL	
TITLE	D	☐ DELETE
NAME	ROLSTON, DIANE	
STREET ADDRESS	1240 TUXFORD DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	☒ DELETE
NAME	HANSEN, DEBRA	
STREET ADDRESS	10111 W FOREST HILLS BLVD, STE 231	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	☒ DELETE
NAME	KORN, ROBYN	
STREET ADDRESS	3762 SCHWALBE DR	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Linda STONE	
1.3 STREET ADDRESS	5901 Augusta National, #110	
1.4 CITY-ST-ZIP	Orlando, FL 32822	
2.1 TITLE	PP	☒ Change ☐ Addition
2.2 NAME	Pam Rollins	
2.3 STREET ADDRESS	1684 S. Hermitage Rd	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Diane Evangelista	
3.3 STREET ADDRESS	3091 NW 176th Way	
3.4 CITY-ST-ZIP	Sunrise, FL 33351	
4.1 TITLE	PE	☒ Change ☐ Addition
4.2 NAME	Diane Rolston	
4.3 STREET ADDRESS	1240 Tuxford Dr	
4.4 CITY-ST-ZIP	Brandon, FL 33511	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Denisha Torres	
5.3 STREET ADDRESS	3045 Chalkboard Ct.	
5.4 CITY-ST-ZIP	Orlando, FL 32765	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Jacquie Jones	
6.3 STREET ADDRESS	14202 Chasmon Dr.	
6.4 CITY-ST-ZIP	Orlando, FL 32837	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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: Linda Stone RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 941-291-4776

Date Daytime Phone # OFFICIAL

CR2E037 (9/96)