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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3217 CARRAIGE CIRCLE NAPLES FL 34105 US	PO BOX 1432 NAPLES FL 33939 US

3. Date Incorporated or Qualified: 04/23/1976

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 24 / Country 25	Zip 29: 34106 / Country 30

9. Name and Address of Current Registered Agent

LUCAS, LORI E.
3217 CARRAIGE CIRCLE
NAPLES FL 33942

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: 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 _____ 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	P	☐ DELETE	1.1 TITLE	PP = Past President	☒ Change ☐ Addition
NAME	STONE, LINDA		1.2 NAME		
STREET ADDRESS	5901 AUGUSTA NATIONAL, #110		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PP	☒ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	ROLLINS, PAMELA		2.2 NAME	Debra Del Vecchio	
STREET ADDRESS	1684 S. HERMITAGE RD		2.3 STREET ADDRESS	4525 Dolphin Cay Circle South	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIANE EVANGELISTA		3.2 NAME		
STREET ADDRESS	3271 NW 96TH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	4.1 TITLE	P = President	☒ 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	PE	☒ Change ☐ Addition
NAME	DENISHA TORRES		5.2 NAME	Denisha Torres	
STREET ADDRESS	3045 CARLSBAD CT		5.3 STREET ADDRESS	7401 Boaventure Drive	
CITY-ST-ZIP	OVIEDO FL		5.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACQUIE JONES		6.2 NAME		
STREET ADDRESS	14202 CHARMONT DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Diane E. Robston 1/28/98 (813)972-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #