2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90164 045 ****61.25

DOCUMENT # 735658

1. Entity Name

FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATIO

B0016356

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3217 CARRAIGE CIRCLE NAPLES FL 34105 US	PO BOX 1432 NAPLES FL 34106-1432 US

2. Principal Place of Business	3. Mailing Address
6501 Autumn Woods Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples	City & State
Zip: 34109 Country	Zip Country

4. FEI Number: 59-1738758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, LORI E.
3217 CARRAIGE CIRCLE
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name: Lori E. Lucas
Street Address (P.O. Box Number is Not Acceptable): 6501 Autumn Woods Blvd
City: Naples FL Zip Code: 34109

8. 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: Lori E. Lucas, RHIA — Executive Coordinator — 1/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLEJAS, SHAROL P 2556 EIFFEL CIRCLE OVIEDO FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTIZ, SILVIA 2625 COLLINS AVENUE, #1707 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE DIANE EVANGELISTA 3271 NW 96TH WAY SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Diane Evangelista 713 SW 103 Lane Davie, FL 33324 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLSTON, DIANE 1240 TUXFORD DR BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORRES, DENISHA 350 2ND ST, N., UNIT #9 ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Denisha Torres-Lich ☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACQUIE JONES 14202 CHARMONT DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Jacquie Jones ☒ Change ☐ Add

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane J. Evangelista — 1/24/2000 — 941-597-17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #