2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 08:00 AM
Secretary of State

DOCUMENT # 735658

1. Entity Name
FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC

Principal Place of Business	Mailing Address
6501 AUTUMN WOODS BLVD	PO BOX 1432
NAPLES FL	NAPLES FL
34105 US	34106 US

2. Principal Place of Business	3. Mailing Address
6501 AUTUMN WOODS BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State
Zip: 34109 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
LUCAS LORI E.	Name: LUCAS LORI E.
6501 AUTUMN WOODS BLVD	Street Address (P.O. Box Number is Not Acceptable): 6501 AUTUMN WOODS BLVD
NAPLES FL	City: NAPLES FL Zip Code: 34109
33942 US	

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 _____ 02/21/2001
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	PE	☐ Delete		TITLE	P	☒ Change ☐ Addition	
NAME	JACQUIE JONES			NAME	JONES JACQUIE		
STREET ADDRESS	14202 CHARMONT DR			STREET ADDRESS	14202 CHARMONT DR		
CITY-ST-ZIP	ORLANDO	FL		CITY-ST-ZIP	ORLANDO	FL	32837
TITLE	PP	☐ Delete		TITLE	PE	☒ Change ☐ Addition	
NAME	TORRES DENISHA			NAME	PEREZ MARIO		
STREET ADDRESS	350 2ND ST, N., UNIT #9			STREET ADDRESS	1251 SW 138 COURT		
CITY-ST-ZIP	ST PETERSBURG	FL	33701	CITY-ST-ZIP	MIAMI	FL	33184
TITLE	D	☐ Delete		TITLE	D	☒ Change ☐ Addition	
NAME	ROLSTON DIANE			NAME	DELLENGER ASHLYN		
STREET ADDRESS	1240 TUXFORD DR			STREET ADDRESS	3245 OAKMONT TERRACE		
CITY-ST-ZIP	BRANDON	FL		CITY-ST-ZIP	LONGWOOD	FL	32779
TITLE	PE	☐ Delete		TITLE	PP	☒ Change ☐ Addition	
NAME	DIANE EVANGELISTA			NAME	EVANGELISTA DIANE		
STREET ADDRESS	A13 SW 103 LANE			STREET ADDRESS	1713 SW 103 LANE		
CITY-ST-ZIP	SUNRISE	FL		CITY-ST-ZIP	DAVIE	FL	33324
TITLE	D	☐ Delete		TITLE	D	☒ Change ☐ Addition	
NAME	ORTIZ SILVIA			NAME	SCHENRING PATRICIA		
STREET ADDRESS	2625 COLLINS AVENUE, #1707			STREET ADDRESS	3024 29TH ST N		
CITY-ST-ZIP	MIAMI BEACH	FL	33140	CITY-ST-ZIP	ST.PETERSBURG	FL	33713
TITLE	D	☐ Delete		TITLE	D	☒ Change ☐ Addition	
NAME	NOBLEJAS SHAROL P			NAME	HITCHENS SUE		
STREET ADDRESS	2556 EIFFEL CIRCLE			STREET ADDRESS	5967 TROUT ROAD		
CITY-ST-ZIP	OVIEDO	FL	32210	CITY-ST-ZIP	BOOKELIA	FL	33922

CR2E037 (11/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M. JONES P 02/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #