2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 AM
Secretary of State

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Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

6501 AUTUMN WOODS BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1432
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 59-1738758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, LORI E.
6501 AUTUMN WOODS BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HITCHENS, SUE
Address: 5967 TROUT ROAD
City-St-Zip: BOOKELIA, FL 33922

Title: D ( ) Delete
Name: SCHENRING, PATRICIA
Address: 3024 29TH ST N
City-St-Zip: ST.PETERSBURG, FL 33713

Title: PP ( ) Delete
Name: EVANGELISTA, DIANE
Address: 1713 SW 103 LANE
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: DELLENGER, ASHLYN
Address: 3245 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779

Title: PE ( ) Delete
Name: PEREZ, MARIO
Address: 1251 SW 138 COURT
City-St-Zip: MIAMI, FL 33184

Title: P ( ) Delete
Name: JONES, JACQUIE
Address: 14202 CHARMONT DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAIRO, PENNY
Address: 13343 LUXBURY LOOP
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition
Name: WEBB, ROSEANN
Address: 1409 NAUTILUS ISLE
City-St-Zip: DANIA, FL 33004

Title: PE (X) Change ( ) Addition
Name: NOBLEJAS, SHAROL
Address: 10290 MEADOW POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: PEREZ, MARIO
Address: 1251 SW 138 COURT
City-St-Zip: MIAMI, FL 33184

Title: PP (X) Change ( ) Addition
Name: JONES, JACQUIE
Address: 14202 CHARMONT DR
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO A. PEREZ P 03/19/2002

Electronic Signature of Signing Officer or Director — Date