2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# 735658

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:

3898 TAMIAMI TRAIL NORTH
203
NAPLES, FL 34103 US

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:

LUCAS, LORI E
5155 SAND DOLLAR LANE
NAPLES, FL 34103 US

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 EYTEL LUCAS, RHIA 02/03/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERRY, ELLIE
Address: 9242 123RD AVE
City-St-Zip: LARGO, FL 33773

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

Title: P ( ) Delete
Name: NOBLEJAS, SHAROL
Address: 10290 MEADOW POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

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

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

Title: D ( ) Delete
Name: MICHELLE, MOCK
Address: 1530 WOODFIELD COURT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KIMBERLY, EICHNER
Address: 1101 COVINGTON STREET
City-St-Zip: OVEIDO, FL 32765 70

Title: D (X) Change ( ) Addition
Name: CAROLYN, GLAVAN
Address: 13523 IRONTON DRIVE
City-St-Zip: TAMPA, FL 33626

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

Title: P (X) Change ( ) Addition
Name: DELLENGER, ASHLYN
Address: 3245 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779

Title: PE (X) Change ( ) Addition
Name: FLYNN, BARBARA
Address: 705 EAST MARKS STREET
City-St-Zip: ORLANDO, FL 32803 40

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

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: LORI EYTEL LUCAS ED 02/03/2004
Electronic Signature of Signing Officer or Director Date

D, LINDA STONE
5901 AUGUSTA NATIONAL DR APT 110
ORLANDO, FL 32822-3244

D, GLADYS WORLDS
5312 REFLECTION BLVD
LUTZ, FL 33558-9045

D, KARLA E. PHILIPPOU
2830 QUAIL HOLLOW ROAD W
CLEARWATER, FL 33761

D, TARA MCINTYRE-MORGAN
2134 CASCADES COVE DRIVE
ORLANDO, FL 32820