2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# 735658

Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
3898 TAMIAMI TRAIL NORTH 203 NAPLES, FL 34103 US	7510 EHRLICH ROAD TAMPA, FL 33625 US

Current Mailing Address:	New Mailing Address:
PO BOX 1432 NAPLES, FL 34106 US	7510 EHRLICH ROAD TAMPA, FL 33625 US

FEI Number: 59-1738758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LUCAS, LORI E 5155 SAND DOLLAR LANE NAPLES, FL 34103 US	GLAVAN, CAROLYN 7510 EHRLICH ROAD TAMPA, FL 33625 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: CAROLYN GLAVAN 07/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KIMBERLY, EICHNER	Name:	
Address:	1101 COVINGTON STREET	Address:	
City-St-Zip:	OVEIDO, FL 32765 70	City-St-Zip:	
Title:	D ( ) Delete	Title:	D (X) Change ( ) Addition
Name:	CAROLYN, GLAVAN	Name:	LUCAS, LORI
Address:	13523 IRONTON DRIVE	Address:	5155 SAND DOLLAR LANE
City-St-Zip:	TAMPA, FL 33626	City-St-Zip:	NAPLES, FL 34103
Title:	PP ( ) Delete	Title:	PP (X) Change ( ) Addition
Name:	NOBLEJAS, SHAROL	Name:	DELLENGER, ASHLYN
Address:	10290 MEADOW POINT DRIVE	Address:	2133 ALAQUA LAKES BLVD.
City-St-Zip:	JACKSONVILLE, FL 32221	City-St-Zip:	LONGWOOD, FL 32779
Title:	P ( ) Delete	Title:	P (X) Change ( ) Addition
Name:	DELLENGER, ASHLYN	Name:	FLYNN, BARBARA
Address:	3245 OAKMONT TERRACE	Address:	705 E MARKS STREET
City-St-Zip:	LONGWOOD, FL 32779	City-St-Zip:	ORLANDO, FL 32803
Title:	PE ( ) Delete	Title:	PE (X) Change ( ) Addition
Name:	FLYNN, BARBARA	Name:	WOEMMEL, HOLLY
Address:	705 EAST MARKS STREET	Address:	957 RIVIERA POINT DRIVE
City-St-Zip:	ORLANDO, FL 32803 40	City-St-Zip:	ROCKLEDGE, FL 32955 40
Title:	D ( ) Delete	Title:	D (X) Change ( ) Addition
Name:	MICHELLE, MOCK	Name:	KUEHNAST, TANYA
Address:	1530 WOODFIELD COURT	Address:	5247 MANSFORD PLACE
City-St-Zip:	ORLANDO, FL 32837	City-St-Zip:	MELBOURNE, FL 32940

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: CAROLYN GLAVAN ED 07/11/2005
Electronic Signature of Signing Officer or Director Date