2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 735658

Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

7510 EHRLICH ROAD
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

7510 EHRLICH ROAD
TAMPA, FL 33625 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:

GLAVAN, CAROLYN
7510 EHRLICH ROAD
TAMPA, FL 33625 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: P ( ) Delete
Name: BUCK, STACIE
Address: 6090 GRAND CAY COURT
City-St-Zip: STUART, FL 34997 US

Title: PP ( ) Delete
Name: MOCK, MICHELLE
Address: 1530 WOODFIELD COURT
City-St-Zip: LUTZ, FL 33558 US

Title: PE ( ) Delete
Name: THOMAS FLOWERS, DWAN
Address: 886 BUCKS HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete
Name: COLE, MONICA
Address: 1853 FOREST WOOD DRIVE
City-St-Zip: CLEARWATER, FL 33759 US

Title: D ( ) Delete
Name: SPAULDING, DIANA
Address: 7890 129TH PLACE
City-St-Zip: SEBASTIAN, FL 32958 US

Title: D ( ) Delete
Name: WILSON, KELLY
Address: 34048 DIPLOMAT ST
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMAS FLOWERS, DWAN
Address: 886 BUCKS HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PP (X) Change ( ) Addition
Name: BUCK, STACIE
Address: 6090 GRAND CAY COURT
City-St-Zip: STUART, FL 34997 US

Title: PE (X) Change ( ) Addition
Name: EICHNER, KIMBERLY
Address: 5529 MISTY WOOD COURT
City-St-Zip: OVIEDO, FL 32765 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 EXEC 03/10/2009

Electronic Signature of Signing Officer or Director — Date