2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
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
Name: KUEHNAST, TANYA
Address: 3803 STREAM DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: PP
Name: EICHNER, KIMBERLY
Address: 5529 MISTY WOOD CT
City-St-Zip: OVIEDO, FL 32765 US

Title: PE
Name: FINKELSTEIN, JILL
Address: 5020 PEBBLEBROOK WAY
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D
Name: NOBLIN, ALICE
Address: 1343 CYPRESS TRACE
City-St-Zip: MELBOURNE, FL 32940 US

Title: D
Name: SMITH, MARTIN
Address: 7907 GOLDEN GLEN PLACE
City-St-Zip: TAMPA, FL 33615 US

Title: D
Name: ALBERTS, DIANA
Address: 2500 CLIFFDALE
City-St-Zip: OCOEE, FL 34761 US

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN GLAVAN ED 03/14/2011

Electronic Signature of Signing Officer or Director Date