2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735658

FILED Jan 07, 2003 Secretary of State

Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6501 AUTUMN WOODS BLVD NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

PO BOX 1432

NAPLES, FL 34106 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUCAS, LORI E. LUCAS, LORI E

6501 AUTUMN WOODS BLVD
NAPLES, FL 34109 US
6501 AUTUMN WOODS BLVD
NAPLES, FL 34109 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 01/07/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 FAIRO, PENNY
 Name:
 PERRY, ELLIE

 Address:
 13343 LUXBURY LOOP
 Address:
 9242 123RD AVE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 LARGO, FL 33773

Title: D () Delete Title: () Change () Addition

 Name:
 WEBB, ROSEANN
 Name:

 Address:
 1409 NAUTILUS ISLE
 Address:

 City-St-Zip:
 DANIA, FL 33004
 City-St-Zip:

Title: PE () Delete Title: P (X) Change () Addition

Name:NOBLEJAS, SHAROLName:NOBLEJAS, SHAROLAddress:10290 MEADOW POINT DRIVEAddress:10290 MEADOW POINT DRIVECity-St-Zip:JACKSONVILLE, FL 32221City-St-Zip:JACKSONVILLE, FL 32221

Title: D () Delete Title: PE (X) Change () Addition

Name: DELLENGER, ASHLYN
Address: 3245 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779

City-St-Zip: LONGWOOD, FL 32779

City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete Title: PP (X) Change () Addition

 Name:
 PEREZ, MARIÓ
 Name:
 PEREZ, MARIÓ

 Address:
 1251 SW 138 COURT
 Address:
 1251 SW 138 COURT

 City-St-Zip:
 MIAMI, FL 33184
 City-St-Zip:
 MIAMI, FL 33184

Title: PP () Delete Title: D (X) Change () Addition

 Name:
 JONES, JACQUIE
 Name:
 MICHELLE, MOCK

 Address:
 14202 CHARMONT DR
 Address:
 1530 WOODFIELD COURT

 City-St-Zip:
 ORLANDO, FL 32837
 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: SHAROL PAUSAL NOBLEJAS, MBA, RHIA P 01/07/2003

D, HOLLY WOEMMEL 9960 TRIPLE CROWN CIRCLE ORLANDO, FL 32825

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

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

DIRECTOR, DANIEL LAND 1503 NEWPORT AVE LAKELAND, FL 33803-2418