


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748891 (9)**  
 1. Corporation Name  
**FLORIDA PUBLIC HEALTH ASSOCIATION, INC.**

Principal Place of Business <b>2589 PARK ST. JACKSONVILLE FL 32204-4554</b>	Mailing Address <b>2589 PARK ST. JACKSONVILLE FL 32204-4554</b>
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3. Date Incorporated or Qualified  
**09/12/1979**

4. FEI Number <b>59-2200250</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HARVEY, ROBERT J  
2589 PARK ST.  
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN MCDUGLE, BA</b>	1.2 NAME	<b>DAVID GALVIN</b>
STREET ADDRESS	<b>ENV HEA DIR GADSEN CHD</b>	1.3 STREET ADDRESS	<b>3920 MICHIGAN AVENUE</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	<b>FT MYERS FL 33916</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILL LITTLE, ADMINISTRATOR</b>	2.2 NAME	<b>KEN SWANN, MPH ENV HLTH</b>
STREET ADDRESS	<b>SARASOTA CHD BOX 2658</b>	2.3 STREET ADDRESS	<b>7623 LITTLE RD STE 100-B</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34654</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENNIE HEFELFINGER, MED CHES</b>	3.2 NAME	<b>BETIE RARICK, DOH</b>
STREET ADDRESS	<b>1317 WINEWOOD BLVD</b>	3.3 STREET ADDRESS	<b>1217 PEARL STREET</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JERRY WYNN, ADMINISTRATION</b>	4.2 NAME	<b>JERRY WYNN, ADMIN</b>
STREET ADDRESS	<b>GADSEN CHD</b>	4.3 STREET ADDRESS	<b>P.O. BOX 1000 N/A</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY - ST - ZIP	<b>QUINCY FL 32353</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARVEY, ROBERT J</b>	5.2 NAME	
STREET ADDRESS	<b>2589 PARK ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32204</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>PED</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>DELORES UNSICKER, RN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>653-1 WEST EIGHTH STREET</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32209</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Harvey* 4/16/98 904 384-8230

CR2E037 (10/97)