


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90248 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748891
 1. Corporation Name
FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

Principal Place of Business 2589 PARK ST. JACKSONVILLE FL 32204-4554	Mailing Address 2589 PARK ST. JACKSONVILLE FL 32204-4554
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 09/12/1979	4. FEI Number 59-2200250	Applied For Not Applicable
23	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARVEY, ROBERT J 2589 PARK ST. JACKSONVILLE FL 32204				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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	PD GALVIN, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D UNSICKER, DELORES, R.N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3920 MICHIGAN AVE	1.2 NAME	653-1 WEST 8TH STREET
STREET ADDRESS	FT MYERS FL 33916	1.3 STREET ADDRESS	JACKSONVILLE, FL 32209
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SWANN, KEN <input type="checkbox"/> DELETE	2.1 TITLE	PE/D SWANN, KEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7623 LITTLE RD, STE 100-B	2.2 NAME	7623 LITTLE RD, STE 100-B
STREET ADDRESS	NEW PORT RICHEY FL 34654	2.3 STREET ADDRESS	NEW PORT RICHEY FL 34654
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD RARICK, BETTE <input type="checkbox"/> DELETE	3.1 TITLE	V/D MELTON, MARGARET, M.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1217 PEARL STREET	3.2 NAME	3125 CONNER BLVD. BLDG. 9
STREET ADDRESS	JACKSONVILLE FL 32202	3.3 STREET ADDRESS	TALLAHASSEE FL 32399-1650
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD JERRY WYNN, ADMINISTRATION <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D RARICK, BETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 1000	4.2 NAME	1217 PEARL STREET
STREET ADDRESS	QUINCY FL 32353	4.3 STREET ADDRESS	JACKSONVILLE FL 32202
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HARVEY, ROBERT J <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	2589 PARK ST.	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32204	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD UNSICKER, DELORES <input type="checkbox"/> DELETE	6.1 TITLE	V/D SORENSEN, BONNIE, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	653-1 WEST 8TH STREET	6.2 NAME	420 FENTRESS BLVD.
STREET ADDRESS	JACKSONVILLE FL 32209	6.3 STREET ADDRESS	DAYTONA BEACH FL 32114
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 4-14-99 Daytime Phone #: 904

CR2E037 (1/98)