

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748891

FILED
Feb 17, 2010
Secretary of State

Entity Name: FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

1605 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

1605 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-2200250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGYAR, SANDRA F
1605 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043 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: HOLT, DOUG MD
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PE
Name: WRIGHT, ROBIN
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S
Name: MONTGOMERY, CATHY
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T
Name: AMRHEIN, DEANNA
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: EXDD
Name: MAGYAR, SANDRA
Address: 1605 PEBBLE BEACH BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: SANDRA F. MAGYAR

EXDD

02/17/2010

Electronic Signature of Signing Officer or Director

Date