

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-07-2003 90143 025 ****61.25

DOCUMENT # 748891

1. Entity Name

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~2589 PARK ST.~~
JACKSONVILLE FL 32204-4554

~~2589 PARK ST.~~
JACKSONVILLE FL 32204-4554

2. Principal Place of Business

3. Mailing Address

1605 PEBBLE BEACH BLVD
Suite, Apt. #, etc.

1605 PEBBLE BEACH BLVD
Suite, Apt. #, etc.

City & State

City & State

GREEN COVE SPRINGS, FLA

GREEN COVE SPRINGS, FLA

Zip

Country

Zip

Country

32043 USA

32043 USA

4. FEI Number **59-2200250**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SANDRA F. MAGYAR
1605 PEBBLE BEACH BLVD
GREEN COVE SPRINGS, FL
32043

Name

SANDRA F. MAGYAR

Street Address (P.O. Box Number is Not Acceptable)

1605 PEBBLE BEACH BLVD

GREEN COVE SPRINGS FL

Zip Code 32043

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sandra Magyar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	SOERENSEN, BONITA J MD	4052 BALD CYPRESS WAY	TALLAHASSEE FL	<input type="checkbox"/>
DPE	RICHMOND, GREG	832 WEST CENTRAL BLVD	ORLANDO FL	<input checked="" type="checkbox"/>
DV	RICHMOND, GREG	604 COURTLAND ST #200	ORLANDO FL	<input type="checkbox"/>
DV	RICHARDSON, BARBARA PHD RN	P.O. BOX 2157	ALACHUA FL	<input type="checkbox"/>
D	HARVEY, ROBERT J	2589 PARK ST.	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/>
DT	CHAPMAN, NICK	P.O. BOX 578	GREEN COVE SPRINGS FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	GREG RICHMOND	832 West Central Blvd.	Orlando, FL 32085	<input type="checkbox"/>	<input type="checkbox"/>
PRESIDENT-ELECT	BARBARA RICHARDSON	P.O. BOX 2157	ALACHUA, FL 32616	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	LEA HEBERLEIN-LARSON	3602 SPECTRUM BLVD	TAMPA, FL 33612	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	MIKE NAPIER	1105 E. KENNEDY BLVD	TAMPA, FLA 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXECUTIVE DIRECTOR	SANDRA MAGYAR	1605 PEBBLE BEACH BLVD	GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Magyar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03
Date

904-529-1401
Daytime Phone #

CR2003 (10/02)