


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 048 ****61.25

DOCUMENT # 766707					
1. Entity Name EMPLOYERS HEALTH COALITION, INC.					
Principal Place of Business 1111 N WESTSHORE BLVD #608 TAMPA, FL 33607-4702 US			Mailing Address 1111 N WESTSHORE BLVD #608 TAMPA, FL 33607-4702 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2305456	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required 03082004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROCATO, FRANK M 1111 N WESTSHORE #608 TAMPA, FL 33607			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEBASTIAN, WENDELL		NAME		
STREET ADDRESS	4302 ROBIN LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 35609		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAY, CHARLES		NAME	<i>ST Butler Sean</i>	
STREET ADDRESS	380 A PINELLAS BAYWAY S		STREET ADDRESS	<i>A Same Address</i>	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSHE, CHUCK		NAME		
STREET ADDRESS	7227 LAND O'LAKES BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES, FL 34639		CITY-ST-ZIP		
TITLE	DIPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINO, MADELINE		NAME		
STREET ADDRESS	27035 FOAM FLOWER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544		CITY-ST-ZIP		
TITLE	PA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCATO, FRANK M		NAME		
STREET ADDRESS	27035 FOAMFLOWER BLVD		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, SEAN		NAME		
STREET ADDRESS	8813 HWY 41 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
12. 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 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: <i>Frank M. Brocato, Pres./CEO</i>			Date: <i>3/9/04</i> (813) 281-5665		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		