

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766707

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: EMPLOYERS HEALTH COALITION, INC.

**Current Principal Place of Business:**

1111 N WESTSHORE BLVD  
#608  
TAMPA, FL 336074702 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 N WESTSHORE BLVD  
#608  
TAMPA, FL 336074702 US

**New Mailing Address:**

FEI Number: 59-2305456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROCATO, FRANK M  
1111 N WESTSHORE  
#608  
TAMPA, FL 33607 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: VC ( ) Delete  
Name: ASTUTO, JIM  
Address: 1 GTE PLACE, GA2AIHCM  
City-St-Zip: ALPHARETTA, GA 30004

Title: DPC (X) Delete  
Name: RUSHE, CHUCK  
Address: 7227 LAND O'LAKES BOULEVARD  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: ST (X) Delete  
Name: CALANO, JANE  
Address: 7530 LITTLE ROAD, STE 330  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PA ( ) Delete  
Name: BROCATO, FRANK M  
Address: 27035 FOAMFLOWER BLVD  
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: C ( ) Delete  
Name: BUTLER, SEAN  
Address: 8813 HWY 41 SOUTH  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VC (X) Change ( ) Addition  
Name: CALANO, JANE  
Address: 7530 LITTLE ROAD, STE 330  
City-St-Zip: NEWPORT RICHEY, FL 34654

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PA (X) Change ( ) Addition  
Name: BROCATO, FRANK M  
Address: 1111 N WESTSHORE BLVD., STE 608  
City-St-Zip: TAMPA, FL 33607

Title: C (X) Change ( ) Addition  
Name: BUTLER, SEAN  
Address: 5000 OLD HWY 37 SOUTH  
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. FRANK M. BROCATO

PA

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date