

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766707

FILED
Apr 30, 2009
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 ()

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: CALANO, JANE
Address: 7530 LITTLE ROAD, STE 330
City-St-Zip: NEWPORT RICHEY, FL 34654

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

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

Title: SEC () Delete
Name: CRAIG, CLYDIA
Address: 8317 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: TRES (X) Delete
Name: TILLMAN, MARY
Address: 7227 LAND O' LAKES BLVD.
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date