

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

DOCUMENT# N98000002711

Entity Name: FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 SW ARCHER ROAD  
GAINESVILLE, FL 326100185

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100185  
GAINESVILLE, FL 326100185

**New Mailing Address:**

FEI Number: 59-3563965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BURNE, ANDREA M  
101 S. NEWELL DRIVE  
SUITE 4108  
GAINESVILLE, FL 326100185 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: PD ( ) Delete  
Name: PERRI, MICHAEL G PHD  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185 US

Title: DV ( ) Delete  
Name: BAUER, RUSSELL M PHD  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185

Title: STD ( ) Delete  
Name: ROSENBEK, JOHN C PH.D  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185

Title: D ( ) Delete  
Name: BARRETT, DOUGLAS J MD  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185

Title: D ( ) Delete  
Name: POPPELL, ED  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185

Title: D ( ) Delete  
Name: ASHKANAZI, GLENN S PHD  
Address: 101 S. NEWELL DRIVE, , STE. 4101  
City-St-Zip: GAINESVILLE, FL 326100185

**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:

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: ANDREA M. BURNE

MS.

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date