

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735658

Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**325 JOHN KNOX ROAD STE L103
TALLAHASSEE, FL 32303**Current Mailing Address:**325 JOHN KNOX ROAD STE. L103
TALLAHASSEE, FL 32303 US**FEI Number: 59-1738758****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KRING, DEE D
325 JOHN KNOX ROAD STE. L103
TALLAHASSEE, FL 32303 US*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: DEE KRING****01/28/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OFFICER	Title	EXECUTIVE DIRECTOR
Name	STARLING, LEE	Name	KRING, DEE D
Address	PO BOX 133	Address	325 JOHN KNOX ROAD STE L103
City-State-Zip:	GRAHAM FL 32042	City-State-Zip:	TALLAHASSEE FL 32303
Title	PRESIDENT	Title	VP
Name	SCHUNKE, JENNIFER	Name	CARRERAS, LESLY
Address	3300 S FISKE BLVD. BLDG B	Address	6700 SW 64TH PLACE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	SOUTH MIAMI FL 33143
Title	DIRECTOR	Title	DIRECTOR
Name	THOMPSON, GLENNETA	Name	STARLING, LEE
Address	11750 NE 109TH PL	Address	10279 SW 106TH AVENUE
City-State-Zip:	ARCHER FL 32618	City-State-Zip:	GRAHAM FL 32042
Title	DIRECTOR	Title	DIRECTOR
Name	DUONG, PHILLIP	Name	NEWMAN, GERI
Address	53 WILLOW ROAD	Address	2246 NW 31ST AVENUE
City-State-Zip:	JUPITER FL 33469	City-State-Zip:	GAINESVILLE FL 32605

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I hereby 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 all other like empowered.

SIGNATURE: DEE KRING**EXECUTIVE DIRECTOR****01/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RODRIGUEZ, TAMARA
Address 4387 NW 48TH STREET, APT. 107
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name BUCK, STACIE
Address 4506 SE BRIDGETOWN CT.
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name RUSSELL, KEEVA
Address 4922 132ND AVENUE E
City-State-Zip: PARRISH FL 34219

Title DIRECTOR
Name STEFF, JULIA
Address 701 LAKEVIEW DRIVE E.
City-State-Zip: ROYAL PALM BEACH FL 33411