

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735658

Entity Name: FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**7510 EHRLICH ROAD
TAMPA, FL 33625**Current Mailing Address:**7510 EHRLICH ROAD
TAMPA, FL 33625 US**FEI Number: 59-1738758****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAVAN, CAROLYN
7510 EHRLICH ROAD
TAMPA, FL 33625 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name WILSON, KELLY
Address 15062 MAN O WAR DRIVE
City-State-Zip: ODESSA FL 33556

Title PRESIDENT ELECT
Name SIMMONS, CORTNIE
Address 10144 ARBOR RUN DRIVE
41
City-State-Zip: TAMPA FL 33647

Title DELEGATE
Name DICUS, BECKY
Address 503 COLLEGE AVE
City-State-Zip: FRUITLAND PARK FL 34731

Title DIRECTOR
Name LEONHARD, CYNTHIA
Address 5051 2 PARK LAKE DR
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT
Name RENN, LINDA
Address 2407 WINONA AVE.
City-State-Zip: LEESBURG FL 24748

Title DELEGATE
Name WOEMMEL, HOLLY
Address 957 RIVIERA POINT DR
City-State-Zip: ROCKLEDGE FL 32955

Title EXECUTIVE DIRECTOR
Name GLAVAN, CAROLYN
Address 7510 EHRLICH ROAD
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name FREEMAN, RAE
Address 8000 SUMMERLIN LAKES DR. 200
City-State-Zip: FORT MYERS FL 33907

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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: CAROLYN GLAVAN**EXECUTIVE DIRECTOR****03/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOMPSON, GLENNETA
Address 11750 NE 109TH PLACE
City-State-Zip: ARCHER FL 32618

Title DIRECTOR
Name CARRERAS, LESLY
Address 6700 SW 64 PLACE
City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR
Name BONETTI, RAEANNA
Address 672 TARA FARMS DR
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name STARLING, LEE
Address PO BOX 133
City-State-Zip: GRAHAM FL 32042