2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2018
Secretary of State
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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	RENN, LINDA
Address	2407 WINONA AVE.
City-State-Zip:	LEESBURG FL 34748

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

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

Title	DIRECTOR
Name	MICHAEL, TERESA
Address	4865 NUTMEG AVE
City-State-Zip:	SARASOTA FL 34231

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

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

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

Title	DIRECTOR
Name	WALDEN, AMANDA
Address	2101 LULA RD
City-State-Zip:	MINNEOLA FL 34715

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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 01/16/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BURKHARDT, KATHY
Address	3003 VIA ROMA CT
City-State-Zip:	PLANT CITY FL 33566

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