2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2019
Secretary of State
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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 04/08/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	FREEMAN, RAE
Address	3503 SW 29TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

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

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

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

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

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

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

Title	EXECUTIVE DIRECTOR
Name	KRING, DEE D
Address	325 JOHN KNOX ROAD STE L103
City-State-Zip:	TALLAHASSEE FL 32303

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 04/08/2019

Electronic Signature of Signing Officer/Director Detail — Date