2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2022
Secretary of State
4107935847CC

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 01/26/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	OTHER, PAST PRESIDENT
Name	SCHUNKE, JENNIFER
Address	3300 S FISKE BLVD. BLDG B
City-State-Zip:	ROCKLEDGE FL 32955

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

Title	DIRECTOR
Name	DUONG, PHILLIP
Address	53 WILLOW ROAD
City-State-Zip:	JUPITER FL 33469

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

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

Title	DIRECTOR
Name	STARLING, LEE
Address	10279 SW 106TH AVENUE
City-State-Zip:	GRAHAM FL 32042

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

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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: LESLY CARRERAS PRESIDENT 01/26/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title VP
Name LEONHARD, CYNDY
Address 5051 PARK LAKE DRIVE
APT. 2
City-State-Zip: MELBOURNE FL 32901-8481

Title DIRECTOR
Name HILTON, MARIAH
Address 132 ADAMS CT NW
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title DIRECTOR
Name SIMONETTI, VALERIA
Address 3677 FOXCROFT CIR
City-State-Zip: OVIEDO FL 32765-9216

Title DIRECTOR
Name CHIACCHIERO, COLETTE
Address 614 W BLOXHAM ST
City-State-Zip: LANTANA FL 33462-3134