

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

04/11/2018

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

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

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

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

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

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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

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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