2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2015
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	NOBLIN, ALICE
Address	1343 CYPRESS TRACE DRIVE
City-State-Zip:	MELBOURNE FL 32940

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

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

Title	DIRECTOR
Name	RENN, LINDA
Address	2407 WINONA AVENUE
City-State-Zip:	LEESBURG FL 34748

Title	PRESIDENT
Name	DOUPNIK, ANITA
Address	9594 HUNTERS POND DRIVE
City-State-Zip:	TAMPA FL 33647

Title	DELEGATE
Name	PETRON, RENEE
Address	14857 SW 38TH STREET
City-State-Zip:	DAVIE FL 33331

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

Title	DIRECTOR
Name	BUCK, STACIE
Address	6090 SE GRAND CAY COURT
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: CAROLYN GLAVAN EXECUTIVE DIRECTOR 03/04/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RITCHEY, DEAN
Address	2737 LYNDSCAPE STREET
City-State-Zip:	ORLANDO FL 32833