2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2025
Secretary of State
4219798068CC

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
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 01/15/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR/TREASURER
Name	KRING, DEE
Address	STE. L103
City-State-Zip:	325 JOHN KNOX RD., STE. L103 FL 32303

Title	PRESIDENT
Name	HEAD, ERIN
Address	STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	AHIMA DELEGATE
Name	CARRERAS, LESLY
Address	STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	MICHAEL, TERESA
Address	STE. L103
City-State-Zip:	325 JOHN KNOX RD., STE. L103 FL 32303

Title	PAST PRESIDENT
Name	THOMPSON, GLENNETTA
Address	STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	CHIEF DELEGATE
Name	FINKLESTEIN, JILL
Address	STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	NEWMAN, GERI
Address	STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	BUCK, STACIE
Address	STE L103
City-State-Zip:	TALLAHASSEE FL 32303

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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: ERIN HEAD PRESIDENT 01/15/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRABLE, LAURA
Address	STE L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT ELECT
Name	DUONG, PHILLIP
Address	325 JOHN KNOX ROAD STE. L103
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	PIMENTEL, REBECCA
Address	STE. L103
City-State-Zip:	325 JOHN KNOX RD., STE. L103 FL 32303