

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748891

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC5397911515**

**Entity Name:** FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

**Current Principal Place of Business:**

1605 PEBBLE BEACH BLVD.  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1605 PEBBLE BEACH BLVD.  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number:** 59-2200250

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGYAR, SANDRA F  
1605 PEBBLE BEACH BLVD.  
GREEN COVE SPRINGS, FL 32043 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 P  
Name JORDHAL, LORI  
Address 1605 PEBBLE BEACH BLVD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title PE  
Name AHONKHAI, LESLI  
Address 1605 PEBBLE BEACH BLVD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title T  
Name DUNCAN, SHERRY  
Address 1605 PEBBLE BEACH BLVD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title EXDD  
Name MAGYAR, SANDRA  
Address 1605 PEBBLE BEACH BLVD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** SANDRA F. MAGYAR

**EXECUTIVE DIRECTOR**

**02/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date