

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010907

**Entity Name:** FLORIDA ASSOCIATION OF HEALTH PLANS FOUNDATION, INC.

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0191908506**

**Current Principal Place of Business:**

200 WEST COLLEGE AVENUE  
SUITE 104  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 10748  
TALLAHASSEE, FL 32302

**FEI Number: 43-2112653**

**Certificate of Status Desired: No**

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

BROWN, AUDREY S.  
200 WEST COLLEGE AVENUE  
SUITE 104  
TALLAHASSEE, FL 32301 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:** AUDREY S. BROWN

01/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BROWN, AUDREY S.  
Address 200 WEST COLLEGE AVE, SUITE 104  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name TRONCOSO, WENCESLAO B.  
Address 200 WEST COLLEGE AVE, SUITE 104  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name FLAHERTY, BROOKE  
Address 11675 GREAT OAKS WAY  
City-State-Zip: ALPHARETTA GA

*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:** AUDREY S. BROWN

**CEO**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date