2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
07-10-2002 90180 006 ****61.25

DOCUMENT # 708963

1. Entity Name

FLORIDA HEALTH CARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
307 W. PARK AVENUE P.O. BOX 1459 TALLAHASSE FL 32302-1459	307 W. PARK AVENUE P.O. BOX 1459 TALLAHASSE FL 32302-1459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1229583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHELAN, WILLIAM J 307 W. PARK AVENUE TALLAHASEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELAN, WILLIAM J 307 W. PARK AVENUE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT FREEMAN, PAT 6168 SABAL POINT CIRCLE PORT ORANGE FL 32124	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT Kelley Rice Scheid 47 NW 32nd Place Miami FL 33125	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOEHNER, KAREN T 4134 DUNN AVENUE JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPT ROSENTHAL, BOBBY 6400 SW 44 ST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT OVERTON, JOHN W 1871 COTTONWOOD TRAIL SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT SENA, DION 1301 NE 104TH STREET MIAMI SHORES FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-9-02 224-3907

Attachment Doc.# 708963

Florida Health Care Association

Mail To: P.O. Box 1459, Tallahassee, Florida 32302-1459
Telephone: 850/224-3907 • Fax 850/681-2075 120095

July 09, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: Document # 708963
Florida Health Care Association
FIE Number 59-12295863

Upon receipt of the 2002 Uniform Business Report late notice, it came to our attention we had not received the original document to be filed before May 1, 2002.

To that effect we are submitting the original fee of $61.25

If there are any questions or concerns about our filing please contact Carolyn Bintliff-Drake at 850-224-3907.

Thank you,

William Phelan
Executive Director

Enclosure