

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708963

FILED
Apr 09, 2008
Secretary of State

Entity Name: FLORIDA HEALTH CARE ASSOCIATION, INC.

Current Principal Place of Business:

307 W. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 1459
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1229583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, WILLIAM J MR.
307 W. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHELAN, WILLIAM J,
Address: 307 W. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL

Title: P () Delete
Name: SYLVESTER, DAVID
Address: 10000 W COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SVP () Delete
Name: FRANKLIN, DEBORAH
Address: 2806 FRITZKE ROAD
City-St-Zip: DOVER, FL 33527

Title: PPT () Delete
Name: SENA, DION
Address: 9301 NE 6 AVENUE STE C313
City-St-Zip: MIAMI SHORES, FL 33138

Title: T () Delete
Name: CAROTENUTO, BEN
Address: 702 SOUTH KINGS AVENUE
City-St-Zip: BRANDON, FL 33511

Title: SEC () Delete
Name: WILLINGHAM, NINA
Address: 8104 TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM PHELAN

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date