

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708963

FILED
Jan 06, 2010
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:

REED, JAMES E 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
Name: REED, JAMES E.
Address: 307 W. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: C
Name: FRANKLIN, DEBORAH
Address: 2806 FRITZKE ROAD
City-St-Zip: DOVER, FL 33527

Title: VC
Name: WILLINGHAM, NINA
Address: 8104 TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: S
Name: BELL, SCOTT
Address: 2 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: T
Name: ALLEN, SCOTT
Address: 3612 EAST 138TH AVENUE
City-St-Zip: TAMPA, FL 33613

Title: PC
Name: SYLVESTER, DAVID
Address: 10000 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761

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: JAMES E. REED

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date