2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713060

FILED Jun 04, 2007 Secretary of State

Entity Name: FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3953 CALLE DE SANTOS 5101 ORTEGA BLVD

TALLAHASSEE, FL 32311 JACKSONVILLE, FL 32210 US US

Current Mailing Address: New Mailing Address:

3539 APALACHEE PKWY 5101 ORTEGA BLVD

#215 JACKSONVILLE, FL 32210 US

TALLAHASSEE, FL 32311 US

FEI Number: 59-6204888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAMS, JENNIFER M RSMPH ANDERSON, BRIDGET H 3953 CALLE DE SANTOS 5101 ORTEGA BLVD

TALLAHASSEE, FL 32311 US JACKSONVILLE, FL 32210 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: BRIDGET H. ANDERSON 06/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MAYER, TIMOTHY R MPH WASHINGTON, JOREAN Name: Name: 4704 LUCE ROAD Address: 1366 LEROY COURT Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: APOPKA, FL 32703 US

Title: () Delete Title: () Change () Addition

HOLCOMB, DALE MPH Name: Name: Address: 8417 OLDE POST ROAD Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WAHINGTON, JOREAN Name: HARRISS, BART RS Name: 1366 LEROY COURT 317 LIVE OAK BLVD Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32703 SANFORD, FL 32773

Title: () Delete Title: () Change () Addition

Name: MINSHEW, PAUL RS Name: 758 FOXHOUND DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip:

Title: () Delete Title: ED (X) Change () Addition

WILLIAMS, JENNIFER ANDERSON, BRIDGET Name: Name: 3953 CALLE DE SANTOS 5101 ORTEGA BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete Title: (X) Change () Addition

HARRISS, BART WILSON, EMILY RS, MPH Name: Name: Address: 317 LIVE OAK BLVD. Address: 2322 NW 32ND ST SANFORD, FL 32773 City-St-Zip: GAINESVILLE, FL 32605 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: BRIDGET H. ANDERSON ED 06/04/2007