

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735658

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

7510 EHRLICH ROAD  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

7510 EHRLICH ROAD  
TAMPA, FL 33625 US

**New Mailing Address:**

**FEI Number:** 59-1738758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAVAN, CAROLYN  
7510 EHRLICH ROAD  
TAMPA, FL 33625 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: P  
Name: EICHNER, KIMBERLY  
Address: 5529 MISTY WOOD CT  
City-St-Zip: OVIEDO, FL 32765 US

Title: PP  
Name: THOMAS FLOWERS, DWAN  
Address: 886 BUCKS HARBOR DR  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PE  
Name: KUEHNAST, TANYA  
Address: 3803 STREAM DRIVE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: D  
Name: LIBBY, LISA  
Address: 3230 YULE TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: D  
Name: RITCHEY, DEAN  
Address: 2737 LYNDSCAPE DRIVE  
City-St-Zip: ORLANDO, FL 32833 US

Title: D  
Name: BERMUDEZ, BARBARA  
Address: 12551 GREEN OAK LANE  
City-St-Zip: DADE CITY, FL 33525 US

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: CAROLYN GLAVAN

ED

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date