

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735658

FILED  
Feb 01, 2012  
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: FINKELSTEIN, JILL  
Address: 5020 PEBBLEBROOK WAY  
City-St-Zip: COCONUT CREEK, FL 33073 US

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

Title: PE  
Name: WEBB, ROSEANN  
Address: 1409 NW 9TH STREET  
City-St-Zip: DANIA BEACH, FL 33004 US

Title: D  
Name: LERCH, DIANE  
Address: 12973 N TELECOM PARKWAY #100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: D  
Name: PETRON, RENEE  
Address: 14857 SW 38TH STREET  
City-St-Zip: DAVIE, FL 33331 US

Title: D  
Name: HEAD, ERIN  
Address: 711 SE 9TH  
City-St-Zip: OCALA, FL 34471 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

02/01/2012

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

\_\_\_\_\_  
Date