


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90518 011 \*\*\*\*61.25

<b>DOCUMENT # 736607</b> 1. Entity Name <b>FLORIDA ASSOCIATION OF HEALTH PLANNING AGENCIES, INC.</b>					
Principal Place of Business <b>431 OAK AVENUE PANAMA CITY, FL 32401 US</b>			Mailing Address <b>431 OAK AVENUE PANAMA CITY, FL 32401 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2000831</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HILL, MICHAEL R 431 OAK AVENUE PANAMA CITY, FL 32401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALBURY, SONYA</b> <b>5757 BLUE LAGOON DR STE 170</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>HILL, R M</b> <b>431 OAK AVENUE</b> <b>PANAMA CITY, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>JACOBOWITZ, BARBARA</b> <b>5651 CORPORATE WAY, SUITE 4</b> <b>WEST PALM BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ORSINI, EDITH M</b> <b>18 NW 33 COURT</b> <b>GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILELLO, LORI</b> <b>2236 ST. JOHNS AVE</b> <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDITH M ORSINI</b> <b>9250 COLLEGE PARKWAY SUITE 3</b> <b>FORT MYERS, FL 33919</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ed Houck</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/21/2004</b>					
Daytime Phone #: <b>850-872-4128</b>					

54040654



04212004 Chg-NP CR2E037 (10/03)