2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# 736607

Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANNING AGENCIES, INC.

Current Principal Place of Business:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2000831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, MICHAEL R
431 OAK AVENUE
PANAMA CITY, FL 32401 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	( ) Delete
Name:	ALBURY, SONYA	
Address:	5757 BLUE LAGOON DR STE 170	
City-St-Zip:	MIAMI, FL 33126	
Title:	PDT	( ) Delete
Name:	HILL, R M	
Address:	431 OAK AVENUE	
City-St-Zip:	PANAMA CITY, FL	
Title:	STD	( ) Delete
Name:	JACOBOWITZ, BARBARA	
Address:	5651 CORPORATE WAY, SUITE 4	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	VPD	( ) Delete
Name:	ORSINI, EDITH M	
Address:	18 NW 33 COURT	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	BILELLO, LORI	
Address:	2236 ST. JOHNS AVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	HOUCK, ED	
Address:	9250 COLLEGE PARKWAY SUITE 3	
City-St-Zip:	FORT MYERS, FL 33919	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. MICHAEL HILL PDT 04/22/2005

Electronic Signature of Signing Officer or Director — Date