

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736607

FILED
Jun 11, 2012
Secretary of State

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: TD
Name: MICHAEL, DELUCCA
Address: 915 MIDDLE RIVER DRIVE S-120
City-St-Zip: FT LAUDERDALE, FL 33304

Title: PD
Name: HILL, R MICHAEL
Address: 431 OAK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD
Name: JACOBOWITZ, BARBARA
Address: 600 SANDTREE DRIVE , S - 101
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VPD
Name: VAN CAULIL, KAREN DR
Address: 2461 W ST. RD 426, S-2041
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: HOUCK, ED DR
Address: 8961 DANIELS CENTER DRIVE, S-401
City-St-Zip: FORT MYERS, FL 33912

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: R. MICHAEL HILL

PD

06/11/2012

Electronic Signature of Signing Officer or Director

Date