

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757546

FILED
Mar 17, 2006
Secretary of State

Entity Name: FLORIDA HOSPITAL ENGINEERS ASSOCIATION, INC.

Current Principal Place of Business:

1811 WYCLIFF DR
PO BOX 536544
ORLANDO, FL 328533544

New Principal Place of Business:

Current Mailing Address:

1811 WYCLIFF DR
PO BOX 536544
ORLANDO, FL 328533544

New Mailing Address:

FEI Number: 59-3289879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKES, SHELburn
1811 WYCLIFF DR
ORLANDO, FL 32803 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: MARSH, S.P.
Address: 5301 SOUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL

Title: D () Delete
Name: FLOYD, DONALD L
Address: 131 S.W. 15TH STREET
City-St-Zip: OCALA, FL 32670

Title: ED () Delete
Name: WILKES, SHELburn
Address: 1811 WYCLIFF DR.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: ZURICH, RICHARD
Address: 2100 SE SALERNO ROAD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GAVAZZA, DINO
Address: 3360 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 Chapter 119, 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: SHELburn WILKES

ED

03/17/2006

Electronic Signature of Signing Officer or Director

Date