

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 766152

**FILED**  
**Oct 26, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY HEALTH DEPARTMENT BUSINESS ADMINISTRATORS, INC.

**Current Principal Place of Business:**

5527 STEWART ST  
MILTON, FL 32572 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 929  
MILTON, FL 32572 US

**New Mailing Address:**

**FEI Number:** 59-2952097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEISER, JEFFREY G  
780 SW 24TH ST  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

CIERECK, CHRISTINA  
1105 E. KENNEDY BLVD  
TAMPA, FL 33602 US

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: CHRISTINA CIERECK

10/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEISER, JEFFREY  
Address: 780 SW 24TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: LEWIS, DEL  
Address: 5527 STEWART ST  
City-St-Zip: MILTON, FL 32572

Title: VD ( ) Delete  
Name: STEINBERG, CARL  
Address: 2200 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete  
Name: MCCULLOUGH, BARBARA  
Address: 1295 W FAIRFIELD DRIVE  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CIEREC K, CHRISTINA  
Address: 1105 E. KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33602

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

Title: VD (X) Change ( ) Addition  
Name: JARMON, RANDY  
Address: 224 SE 24TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

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

I hereby certify that the information supplied with this filing does not qualify 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: DEL W. LEWIS

SD

10/26/2009

Electronic Signature of Signing Officer or Director

Date