

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 766152

**FILED**  
**Jun 23, 2011**  
**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:**

400 W. AIRPORT BLVD  
SANFORD, FL 32773 US

**Current Mailing Address:**

P.O. BOX 929  
MILTON, FL 32572 US

**New Mailing Address:**

400 W. AIRPORT BLVD  
SANFORD, FL 32773 US

**FEI Number:** 59-2952097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MEYERS, JOHN  
400 W. AIRPORT BLVD  
SANFORD, FL 32773 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: JOHN R. MEYERS

06/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JARMON, RANDY  
Address: 224 SE 24TH STREET  
City-St-Zip: GAINSVILLE, FL 32641

Title: SD  
Name: MEYERS, JOHN  
Address: 400 W. AIRPORT BLVD  
City-St-Zip: SANFORD, FL 32773

Title: TD  
Name: BROWN, BRENDA  
Address: 66 WEST MAIN STREET  
City-St-Zip: BRONSON, FL 32621

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: JOHN R. MEYERS

SD

06/23/2011

Electronic Signature of Signing Officer or Director

Date