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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766707 (4)

1. Corporation Name

EMPLOYERS HEALTH COALITION, INC.

Principal Place of Business

Mailing Address

1111 N WESTSHORE BLVD
#608
TAMPA FL 33607-4702
US1111 N WESTSHORE BLVD
#608
TAMPA FL 33607-4702
US3. Date Incorporated or Qualified
01/26/19833a. Date of Last Report
03/25/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
APPLIED FOR 59-23054565. Certificate of Status Desired ☒ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROCATO, FRANK M
1111 N WESTSHORE
#608
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GORDON, GRAY	
STREET ADDRESS	106 LAUREL TREE WAY	
CITY-ST-ZIP	BRANDON FL	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUMBAUGH, DAVID	
1.3 STREET ADDRESS	3580 WOODRIDGE PLACE	
1.4 CITY-ST-ZIP	PALM HARBOR, FL	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BRUMBAUGH, DAVID	
STREET ADDRESS	3580 WOODRIDGE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34684	

2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOMINO, MADELINE	
2.3 STREET ADDRESS	3132 W. LAMBRIGHT ST. #405	
2.4 CITY-ST-ZIP	TAMPA, FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	DOMINO, MADELINE	
STREET ADDRESS	3132 W. LAMBRIGHT ST. #405	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUSHE, CHUCK	
3.3 STREET ADDRESS	10208 GROVE DR.	
3.4 CITY-ST-ZIP	Port Richey, FL 34668	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROCATO, FRANK M	
STREET ADDRESS	27035 FOAM FLOWER BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL	

4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROCATO, FRANK	
4.3 STREET ADDRESS	27035 FOAM FLOWER BLVD.	
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047504

CR2E037 (9/96)