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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90132 004 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766707**

1. Corporation Name

**EMPLOYERS HEALTH COALITION, INC.**

Principal Place of Business

1111 N WESTSHORE BLVD  
#608  
TAMPA FL 33607-4702  
US

Mailing Address

1111 N WESTSHORE BLVD  
#608  
TAMPA FL 33607-4702  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/26/1983

4. FEI Number

59-2305456

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE CD ☒ DELETE  
NAME BRUMBAUGH, DAVID  
STREET ADDRESS 3580 WOODBRIDGE PLAGE  
CITY-ST-ZIP PALM HARBOR-FL

TITLE VCD ☒ DELETE  
NAME DOMINO, MADELINE  
STREET ADDRESS 3192 W LAMBRIGHT ST #405  
CITY-ST-ZIP TAMPA-FL

TITLE DST ☒ DELETE  
NAME RUSHE, CHUCK  
STREET ADDRESS 10200 GROVE DR  
CITY-ST-ZIP PORT RICHEY FL

TITLE PCEO ☐ DELETE  
NAME BROCATO, FRANK M  
STREET ADDRESS 27035 FOAM FLOWER BLVD.  
CITY-ST-ZIP ZEPHRYHILLS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME CHUCK RUSHE  
1.3 STREET ADDRESS 10200 GROVE DR  
1.4 CITY-ST-ZIP PORT RICHEY, FL

2.1 TITLE VCD ☒ Change ☐ Addition  
2.2 NAME PHIL CLARKE  
2.3 STREET ADDRESS 13609 319 AVS NE  
2.4 CITY-ST-ZIP BROADENTON, FL 34202

3.1 TITLE DST ☒ Change ☐ Addition  
3.2 NAME SHERILL TOMASINO  
3.3 STREET ADDRESS 12301 N. 52ND ST.  
3.4 CITY-ST-ZIP TAMPA, FL 33617

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

*Frank M. Brocato*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/11/99 Daytime Phone # (813) 281-5665

CR2E037 (1/98)