

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766707

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** EMPLOYERS HEALTH COALITION, INC.

**Current Principal Place of Business:**

1111 N WESTSHORE BLVD  
#608  
TAMPA, FL 336074702 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 N WESTSHORE BLVD  
#608  
TAMPA, FL 336074702 US

**New Mailing Address:**

**FEI Number:** 59-2305456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROCATO, FRANK M  
1111 N WESTSHORE  
#608  
TAMPA, FL 33607 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: VC ( ) Delete  
Name: CALANO, JANE  
Address: 7530 LITTLE ROAD, STE 330  
City-St-Zip: NEWPORT RICHEY, FL 34654

Title: PA ( ) Delete  
Name: BROCATO, FRANK M  
Address: 1111 N WESTSHORE BLVD., STE 608  
City-St-Zip: TAMPA, FL 33607

Title: C ( ) Delete  
Name: BUTLER, SEAN  
Address: 5000 OLD HWY 37 SOUTH  
City-St-Zip: MULBERRY, FL 33860

Title: SEC ( ) Delete  
Name: CRAIG, CLYDIA  
Address: 8317 N. ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: TRES (X) Delete  
Name: TILLMAN, MARY  
Address: 7227 LAND O' LAKES BLVD.  
City-St-Zip: LAND O' LAKES, FL 34639

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

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

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

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

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 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: DR. FRANK M. BROCATO

PA

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date