



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 770889 1. Entity Name FLORIDA ASSOCIATION OF COUNTY HEALTH OFFICERS,				FIELD SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 16 AM 11:13 REINSTATEMENT 04-05	
Principal Place of Business HILLSBOROUGH CO. HLTH DEPT 1105 E KENNEDY BLVD TAMPA, FL 33601 US		Mailing Address HILLSBOROUGH CO. HLTH DEPT 1105 E KENNEDY BLVD TAMPA, FL 33601 US			
2. Principal Place of Business FACHS Suite, Apt. #, etc. 1605 PEBBLE BEACH BLVD		3. Mailing Address 1605 PEBBLE BEACH BLVD Suite, Apt. #, etc.		07052005 REIN-NP CR2E099 (6/04)	
City & State GREEN COVE SPRINGS, FL		City & State GREEN COVE SPRINGS, FL		4. FEI Number 59-2954251	
Zip 32043		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLT, DOUGLAS A MD 1105 EAST KENNEDY BLVD TAMPA, FL 33601			7. Name and Address of New Registered Agent Name: SANDRA F. MAGYAR Street Address (P.O. Box Number is Not Acceptable): 1605 PEBBLE BEACH BLVD City: GREEN COVE SPRINGS FL Zip Code: 32043		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Sandra F. Magyar</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE: 8/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLT, DOUGLAS A MD 1105 E KENNEDY BLVD TAMPA, FL 33601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTNER, JUDITH MD 3920 MICHIGAN AVE FORT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000058603820 08/16/05--01003--001 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITTLE, BRIK 2200 RINGLING BLVD SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNHILL, KIM 800 THIRD ST MADISON, FL 32340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR SANDRA F. MAGYAR 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sandra F. Magyar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 8/10/05 DAYTIME PHONE: 904-529-7760		