2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #770889

1. Entity Name FLORIDA ASSOCIATION OF COUNTY HEALTH



FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90256 001 ****61.25

OFFICER	5,				ļ	1							
Principal Place of Business 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043 US Mailing Address 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043 US						143 US		40000		eren pren mê	** 8190 8187 8188		
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Principal Place of Business - No P.O. Box # Mailing Address							و بدوی میکی ا	וואו פוזאו נאזאי נפראי	ATTEN MINTER ATTE	il Giğli ören erer			
Suite. Apt. #, etc.			Suite, Apt. #, etc.					01042007 Ch	ıg-NP	CR2E03	37 (12/06)		
City & State			City & State					4. FEI Number 59-295425	1			plied For ot Applicable	
Zip Country			Zip Cou			intry	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent								7. Name and Add	ress of New R	egistered /	Agent		
						Name							
MAGYAR, SANDRA F						Street Ada	idress (i	P.O. Box Number is I	Not Acceptable)			
1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043										-			
						City				FL	Zip Code	e	
				as of shapping its	engietes	nd office or	rogistor	ed agent or both in	the State of Flo		familiar with	and accept	
	8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE													
	Signature, typed	d or printed name of registered agen	t and title if appli	cable. (NOT	E: Regustere	od Agent signatur	us unchrused	when renstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be	M	ake chec	k payable t	.		
					, ,	ion. [Added to Fees	Flor	kda Depai	tment of S	tate	
10		Vlay 1, 2007	IBECTORS		, ,	ion. [l <u> </u>				
10.			IRECTORS	Trust Fund (Contribut	<u> </u>	Desc	Added to Fees ADDITIONS/CHANG	ES TO OFFICE				
10.	Due by I	Vlay 1, 2007	IRECTORS		Contribut	<u> </u>	Pees	Added to Fees ADDITIONS/CHANG I DENT WHILL KIN	ES TO OFFICE		RECTORS IN	110	
TITLE	P HOLT, D	OFFICERS AND D	IRECTORS	Trust Fund (11. THE	E ME EET ADORESS	Pees BAR 800	Added to Fees ADDITIONS/CHANG SIDENT OHLL, KM THIRD STR.	ES TO OFFICE		RECTORS IN	110	
TITLE NAME	P HOLT, DO 1105 E K	OFFICERS AND D	IRECTORS	Trust Fund (11. THE	£ Æ	Pees BAR 800 MA	Added to Fees ADDITIONS/CHANG SIDENT OHILL, KING THIRD STR.	ES TO OFFICE		RECTORS IN Change	Addition	
TITLE NAME STREET ADORESS	P HOLT, DO 1105 E K TAMPA,	OFFICERS AND D OUGLAS A MD ENNEDY BLVD FL 33601	IRECTORS	Trust Fund (11. THE NAW STRI CITY	E NE EET ADORESS 7-ST-ZIP	Pees BARI 800 MA	Added to Fees ADDITIONS/CHANG TOPHICL KING THIRD STR HISON , TL KURFR	ES TO OFFICE 1 1 1 3 3 4 0		RECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	P HOLT, DO 1105 E K TAMPA, TD HARTNE	OFFICERS AND D OUGLAS A MD ENNEDY BLVD FL 33601 R, JUDITH MD	HRECTORS	Trust Fund (11. THE NAW STRICETY TITLE NAME NAME NAME NAME NAME NAME NAME NAM	E EET AOORESS (-ST-ZIP	Personal Park	Added to Fees ADDITIONS/CHANG SIDENT OHILL, KIM THIRD STR. -BISON, FT. BURER MARL	ES TO OFFICE 1 1 32-340 KA4	RS AND DI	RECTORS IN Change	Addition	
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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.

SANDRA SIGNATURE: