


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 770889 1. Entity Name FLORIDA ASSOCIATION OF COUNTY HEALTH OFFICERS,	
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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
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DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2954251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGYAR, SANDRA F
1605 PEBBLE BEACH BLVD
GREEN COVE SPRINGS, FL 32043

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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: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNHILL, KIM 800 THIRD STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO BURNS, MARYKAY 34 SOUTH BALDWIN AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MAGYAR, SANDRA F 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERIN, KEVIN MD 6101 LAKE ELLENOR DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/08-80002-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra F Magyar / SANDRA F. MAGYAR 1/18/08 904-524-7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #