

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770889

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY HEALTH OFFICERS,

**Current Principal Place of Business:**

1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 59-2954251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAGYAR, SANDRA F  
1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 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:** P  
**Name:** SHERIN, KEVIN MD  
**Address:** 6101 LAKE ELLENOR DRIVE  
**City-St-Zip:** ORLANDO, FL 32809

**Title:** TD  
**Name:** BURNS, MARYKAY  
**Address:** 34 SOUTH BALDWIN AVE.  
**City-St-Zip:** ARCADIA, FL 34266

**Title:** ED  
**Name:** MAGYAR, SANDRA F  
**Address:** 1605 PEBBLE BEACH BLVD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043 US

**Title:** PE  
**Name:** NAPIER, MICHAEL  
**Address:** 400 WEST AIRPORT BLVD.  
**City-St-Zip:** SANFORD, FL 32773

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA F. MAGYAR

ED

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date