

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00573

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA HEALTH CARE EDUCATION AND DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

307 W. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1459
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2506713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, WILLIAM J
307 W. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REED, JAMES E
307 W. PARK AVENUE
TALLAHASSEE, FL 32301 US

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: JAMES E REED

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WILLINGHAM, NINA
Address: 8104 TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: DT () Delete
Name: MARSHALL, ANTHONY
Address: 307 WEST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: ALLEN, SCOTT
Address: 3612 EAST 138TH AVENUE
City-St-Zip: TAMPA, FL 33613

Title: DVP () Delete
Name: FRANKLIN, DEBORAH
Address: 851 WEST LUMSDEN ROAD
City-St-Zip: BRANDON, FL 33511

Title: ED () Delete
Name: PHELAN, WILLIAM
Address: 307 W. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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: ED (X) Change () Addition
Name: REED, JAMES E
Address: 307 W. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

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: ANTHONY MARSHALL

DT

04/16/2009

Electronic Signature of Signing Officer or Director

Date