2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-30-2004 90003 007 ****61.25

DOCUMENT # N01000000373

1. Entity Name
FLORIDA HEALTH AND HUMAN SERVICES BOARD, INC.

44050694

Principal Place of Business	Mailing Address
17920 BURNSIDE ROAD LUTZ, FL 33548	17920 BURNSIDE ROAD LUTZ, FL 33548

07162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3697203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, ALVIN W PH D 17920 BURNSIDE ROAD LUTZ, FL 33548	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Alvin W Wolfe 7/24/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

no change **Filing Fee is $61.25 Due by September 5, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	D WOLFE, ALVIN W PH D 17920 BURNSIDE ROAD LUTZ, FL 33548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUBY, DAVID OD 12291 70TH STREET NORTH LARGO, FL 337733027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRANTI, JOE ~~3845 TREE LINE WAY~~ ~~SAINT CLOUD, FL 34769~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4442 Rummell Road ST Cloud FL 34769
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNSTON, PAMELA 220 SUNRISE AVE STE 207 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISCHIA, MARIETTA 10355 NW 32ND PLACE MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ L. David de la Parte 101 E Kennedy Blvd, Ste 3400 Tampa FL 33602 ☐ Change ☒ 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: Alvin W Wolfe Alvin W Wolfe, Pres. + Chair 7/24/04 813 949 4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #