

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000373

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** FLORIDA HEALTH AND HUMAN SERVICES BOARD, INC.

**Current Principal Place of Business:**

17920 BURNSIDE ROAD  
LUTZ, FL 33548

**New Principal Place of Business:**

17920 BURNSIDE DRIVE  
LUTZ, FL 33548

**Current Mailing Address:**

17920 BURNSIDE ROAD  
LUTZ, FL 33548

**New Mailing Address:**

17920 BURNSIDE DRIVE  
LUTZ, FL 33548

**FEI Number:** 59-3697203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, ALVIN W PH D  
17920 BURNSIDE ROAD  
LUTZ, FL 33548 US

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

WOLFE, ALVIN W PH D  
17920 BURNSIDE DRIVE  
LUTZ, FL 33548 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:

04/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOLFE, ALVIN W PH D  
Address: 17920 BURNSIDE ROAD  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: BUBY, DAVID OD  
Address: 12291 70TH STREET NORTH  
City-St-Zip: LARGO, FL 337733027

Title: D ( ) Delete  
Name: MIRANTI, JOE  
Address: 4442 RUMMELL ROAD  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: MISCHIA, MARIETTA  
Address: 10355 NW 32ND PLACE  
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete  
Name: DE LA PARTE, DAVID L  
Address: 101 E KENNEDY BLVD STE 3400  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WOLFE, ALVIN W PH D  
Address: 17920 BURNSIDE DRIVE  
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DE LA PARTE, DAVID L ESQ  
Address: 101 E KENNEDY BLVD STE 3400  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALVIN W WOLFE

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date