


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000373		
1. Entity Name FLORIDA HEALTH AND HUMAN SERVICES BOARD, INC.		
Principal Place of Business 17920 BURNSIDE DRIVE LUTZ, FL 33548	Mailing Address 17920 BURNSIDE DRIVE LUTZ, FL 33548	



02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697203	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 WOLFE, ALVIN W PH D 17920 BURNSIDE DRIVE LUTZ, FL 33548	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
* Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, ALVIN W PH D 17920 BURNSIDE DRIVE LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBY, DAVID OD 12291 70TH STREET NORTH LARGO, FL 337733027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA PARTE, DAVID L ESQ 101 E KENNEDY BLVD STE 3400 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISCHIA, MARIETTA 10355 NW 32ND PLACE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/19/07-80001-008 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:

Alvin W Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7 2007 813 949 4673
Date Daytime Phone #