

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697203	Applied For <input type="checkbox"/> 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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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	

U00000953789
07/09/08-80004-020 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 **Alvin W Wolfe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 5, 2008 **813 949 4673**

Daytime Phone #