2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000373

FILED Jun 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

17920 BURNSIDE DRIVE LUTZ, FL 33548

Current Mailing Address: 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 DR
 (X) Change () Addition

 Name:
 WOLFE, ALVIN W PH D
 Name:
 WOLFE, ALVIN W PH D

 Address:
 17920 BURNSIDE DRIVE
 Address:
 17920 BURNSIDE DRIVE

City-St-Zip: LUTZ, FL 33548 City-St-Zip: LUTZ, FL 33548

 Title:
 D
 () Delete
 Title:
 DR
 (X) Change () Addition

 Name:
 BUBY, DAVID OD
 Name:
 BUBY, DAVID OD

 Address:
 12291 70TH STREET NORTH
 Address:
 12291 70TH STREET NORTH

 City-St-Zip:
 LARGO, FL 337733027
 City-St-Zip:
 LARGO, FL 337733027

 Title:
 D
 () Delete
 Title:
 MR
 (X) Change () Addition

 Name:
 DE LA PARTE, DAVID L ESQ
 Name:
 DE LA PARTE, DAVID L ESQ

 Address:
 101 E KENNEDY BLVD STE 3400
 Address:
 101 E KENNEDY BLVD STE 3400

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

 $\label{eq:title:D} {\sf Title:} \qquad {\sf DR} \qquad {\sf (X) Change () Addition}$

 Name:
 MISCHIA, MARIETTA
 Name:
 MISCHIA, MARIETTA EDD

 Address:
 10355 NW 32ND PLACE
 Address:
 10355 NW 32ND PLACE

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:
 MIAMI, FL 33147

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: ALVIN W. WOLFE DR 06/30/2009