

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000373

FILED
Mar 20, 2010
Secretary of State

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

Current Principal Place of Business:

17920 BURNSIDE DRIVE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

17920 BURNSIDE DRIVE
LUTZ, FL 33548

New Mailing Address:

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 DRIVE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DR
Name: WOLFE, ALVIN W PH D
Address: 17920 BURNSIDE DRIVE
City-St-Zip: LUTZ, FL 33548

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

Title: MR
Name: DE LA PARTE, DAVID L ESQ
Address: 12902 MAGNOLIA DR, SRB-OGC
City-St-Zip: TAMPA, FL 33612

Title: DR
Name: MISCHIA, MARIETTA EDD
Address: 10355 NW 32ND PLACE
City-St-Zip: MIAMI, FL 33147

I hereby 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 all other like empowered.

SIGNATURE: ALVIN W. WOLFE

DR.

03/20/2010

Electronic Signature of Signing Officer or Director

Date