

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2006
Secretary of State**

DOCUMENT# N01000006517

Entity Name: FLORIDA PUBLIC HEALTH INSTITUTE, INC.

Current Principal Place of Business:

8323 NORTHWEST 12 STREET, SUITE 212
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

% FLORIDA PUBLIC HEALTH INSTITUTE, INC.
8323 N.W. 12 STREET, SUITE 212
MIAMI, FL 33126

New Mailing Address:

FEI Number: 30-0051514 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:

RIVERA, LILLIAN
8323 NW 12 STREET, SUITE 212
MIAMI, FL 33126 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: D () Delete
Name: CONNOR, OLGA
Address: 8323 NW 12 STREET STE 212
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: MCCOY, H. VIRGINIA
Address: 11200 SW 8 ST (HLSII 595)
City-St-Zip: MIAMI, FL 33199 US

Title: D () Delete
Name: MCCOY, CLYDE B DR
Address: 1801 NW 9 AVE, SUITE 300
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: MALECKI, JEAN
Address: 826 EVERNIA
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HOWELL, JAMES T
Address: 3200 SOUTH UNIVERSITY DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: OLGA CONNOR

D

07/03/2006

Electronic Signature of Signing Officer or Director

_____ Date