

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006517

FILED
Feb 13, 2008
Secretary of State

Entity Name: FLORIDA PUBLIC HEALTH INSTITUTE, INC.

Current Principal Place of Business:

200 NE 19 COURT
M 203
WILTON MANORS, FL 33305

New Principal Place of Business:

1199 W. LANTANA RD.
LANTANA, FL 33462

Current Mailing Address:

FLORIDA PUBLIC HEALTH INSTITUTE, INC.
200 NE 19 COURT SUITE M 203
WILTON MANORS, FL 33305

New Mailing Address:

1199 W. LANTANA RD.
LANTANA, FL 33462

FEI Number: 30-0051514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, MD ,MPH, CLAUDE EARL
41 FORT ROYAL ISLE
FT. LAUDERDALE, FL 33305 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 (X) Delete
Name: MALECKI, JEAN
Address: 826 EVERNIA
City-St-Zip: WEST PALM BEACH, FL 33401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V-CH (X) Change () Addition
Name: HOWELL, JAMES T
Address: 3200 SOUTH UNIVERSITY DRIVE
City-St-Zip: FT LAUDERDALE, FL 33328 US

Title: CH (X) Change () Addition
Name: MALECKI, JEAN
Address: 826 EVERNIA
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: ST (X) Change () Addition
Name: LANSING, JACK
Address: 101 N CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL 33401

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 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: CLAUDE EARL FOX, MD, MPH

ED

02/13/2008

Electronic Signature of Signing Officer or Director

Date