

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006517

FILED
Jan 27, 2009
Secretary of State

Entity Name: FLORIDA PUBLIC HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1199 W. LANTANA RD.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1199 W. LANTANA RD.
LANTANA, FL 33462

New Mailing Address:

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:

FOX, CLAUDE EARL MD, MPH
41 FORT ROYAL ISLE
FT. LAUDERDALE, FL 33305 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: CLAUDE EARL FOX

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: T () Delete
Name: SHERIN, KEVIN
Address: 6101 LAKE ELEANOR DRIVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BELL III, SAMUEL P
Address: 215 SOUTH MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32302 US

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

Title: V-CH (X) Change () Addition
Name: SHERIN, KEVIN
Address: 6101 LAKE ELEANOR DRIVE
City-St-Zip: ORLANDO, FL 32809

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

E.D.

01/27/2009

Electronic Signature of Signing Officer or Director

Date