

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006517

**FILED**  
**Feb 09, 2010**  
**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:**

1622 N FEDERAL HIGHWAY  
SUITE B  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1199 W. LANTANA RD.  
LANTANA, FL 33462

**New Mailing Address:**

1622 N FEDERAL HIGHWAY  
SUITE B  
LAKE WORTH, FL 33460

**FEI Number:** 30-0051514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOX, CLAUDE EARL MD, MPH  
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: CH  
Name: HOWELL, JAMES T  
Address: 3200 SOUTH UNIVERSITY DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33328 US

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

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

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

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: CLAUDE EARL FOX, MD, MPH

ED

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date