2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

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Entity Name: FLORIDA PUBLIC HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1622 N FEDERAL HIGHWAY
SUITE B
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1622 N FEDERAL HIGHWAY
SUITE B
LAKE WORTH, FL 33460

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, 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: T
Name: BOLAND, JERRY T
Address: 19611 SR 20 W
City-St-Zip: BLOUNSTON, FL 32424 US

Title: V-CH
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: 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 02/08/2011

Electronic Signature of Signing Officer or Director — Date