2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006517

FILED Apr 05, 2012 Secretary of State

Entity Name: FLORIDA PUBLIC HEALTH INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

1622 N FEDERAL HIGHWAY 1622 N FEDERAL HIGHWAY

SUITE B SUITE B

LAKE WORTH, FL 33460 US

Current Mailing Address: New Mailing Address:

1622 N FEDERAL HIGHWAY
SUITE B
1622 NORTH FEDERAL HIGHWAY
SUITE B

LAKE WORTH, FL 33460 US

FEI Number: 30-0051514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FOX, CLAUDE EARL MD, MPH FOX, CLAUDE EARL MD, MPH

41 FORT ROYAL ISLE 1622 NORTH FEDERAL HIGHWAY, SUITE B

FT. LAUDERDALE, FL 33305 US LAKE WORTH, FL 33460 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, MD, MPH 04/05/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: ALONSO, ALINA MD Address: 800 CLEMATIS STREET

City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S

Name: MAGYAR, SANDRA

Address: 1605 PEBBLE BEACH BLVD.

City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: V-CH

Name: LANSING, JACK

Address: 440 ROYAL PALM WAY, SUITE 3 City-St-Zip: PALM BEACH, FL 33480 US

Title: CH

 Name:
 HUNTER, RICK PHD

 Address:
 502 PRAIRIE MINE ROAD

 City-St-Zip:
 MULBERRY, FL 33860 US

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 04/05/2012