

# 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:**

1622 N FEDERAL HIGHWAY  
SUITE B  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

1622 N FEDERAL HIGHWAY  
SUITE B  
LAKE WORTH, FL 33460 US

**Current Mailing Address:**

1622 N FEDERAL HIGHWAY  
SUITE B  
LAKE WORTH, FL 33460

**New Mailing Address:**

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:**

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

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

FOX, CLAUDE EARL MD, MPH  
1622 NORTH FEDERAL HIGHWAY, SUITE B  
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: T  
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

Electronic Signature of Signing Officer or Director

Date