2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-13-2003 90066 026 ****61.25

DOCUMENT # N02000006087

1. Entity Name
FLORIDA ADVISORY COUNCIL ON HEALTH CARE FRAUD, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 470491 CELEBRATION FL 34747	P.O. BOX 470491 CELEBRATION FL 34747

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0127593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASTEN, DONALD 201 EAST PINE ST., 15TH FLOOR ORLANDO FL 32808-4940	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTEN, DONALD 201 E. PINE ST., 15TH FLOOR ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amanda Reher (D) 201 E. Pine St, 15 Flr Orlando FL 32802 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCULLOUGH, MELISSA 201 E. PINE ST., 15TH FLOOR ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Bartels 201 E. Pine St. 15 Flr Orlando FL, 32802 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENCH, REBECCA 201 E. PINE ST., 15TH FLOOR ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tammy Denbo 201 E. Pine St. 15th Floor ORLANDO FL 32802 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYLERLY, ROBERT 201 E. PINE ST., 15TH FLOOR ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, KAREN 201 E. PINE ST., 15TH FLOOR ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an express, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #