

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009154

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FLORIDA HEALTH FREEDOM ACTION, INC.

## Current Principal Place of Business:

4897 SW 82 ST..  
MIAMI, FL 33143

## New Principal Place of Business:

4897 SW 82 ST..  
MIAMI, FL 33143

## Current Mailing Address:

4897 SW 82 ST..  
MIAMI, FL 33143

## New Mailing Address:

4897 SW 82 ST..  
MIAMI, FL 33143

FEI Number: 55-0816742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, DEBORAH J  
4897 SW 82 ST..  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

MILLER, DEBORAH J  
4897 SW 82 ST..  
MIAMI, FL 33143 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:

04/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CROCE, ANN J  
Address: 320 WEST MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32720

Title: SD ( ) Delete  
Name: BURCH, HEATHER  
Address: 5801 PELICAN BAY BLVD., STE. 104  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: SKENE, NEIL  
Address: 6737 HEARTLAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: MILLER, DEBORAH J  
Address: 4897 SW 82 ST..  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CROCE, ANN J  
Address: 526 LAND O LAKES CT.  
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change ( ) Addition  
Name: MENZIES, VICTORIA  
Address: 8324 NW 197TH STREET  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NEIL SKENE

TD

04/27/2007

Electronic Signature of Signing Officer or Director

Date