2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N02000009154

Entity Name: FLORIDA HEALTH FREEDOM ACTION, INC.

Current Principal Place of Business:

4897 SW 82 ST.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

4897 SW 82 ST.
MIAMI, FL 33143

New Mailing Address:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: PEGGY, CALDER
Address: 7636 SW 56TH AVE., #3
City-St-Zip: MIAMI, FL 33143 US

Title: TD (X) Change ( ) Addition
Name: MILLER, DEBORAH
Address: 4897 SW 82 ST.
City-St-Zip: MIAMI, FL 33143 US

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: DEBORAH J MILLER TD 01/08/2008

Electronic Signature of Signing Officer or Director — Date