## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009154

Apr 23, 2009 Secretary of State

Entity Name: FLORIDA HEALTH FREEDOM ACTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4897 SW 82 ST. MIAMI, FL 33143 **Current Mailing Address: 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: Name and Address of New Registered Agent: MILLER, DEBORAH J 4897 SW 82 ST. MIAMI, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CROCE, ANN J Name: Name: Address: 526 LAND O LAKES CT. Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: PEGGY, CALDER Name: PEGGY, CALDER Address: 7636 SW 56TH AVE., #3 Address: 1540 SAN REMO AVE., #3 City-St-Zip: MIAMI, FL 33143 US City-St-Zip: MIAMI, FL 33146 US Title: () Delete Title: () Change () Addition MILLER, DEBORAH Name: Name: 4897 SW 82 ST. Address: Address: City-St-Zip: MIAMI, FL 33143 US 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 TRES 04/23/2009