

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**

DOCUMENT# N02000009154

**Sep 22, 2009
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:**1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179 US**Current Mailing Address:**4897 SW 82 ST.
MIAMI, FL 33143**New Mailing Address:**1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179 US

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:**BERGER, JOEL M
1949 S OAK HAVEN CIRCLE
MIAMI, FL 33179 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: JOEL M BERGER

09/22/2009

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: PEGGY, CALDER
Address: 1540 SAN REMO AVE., #3
City-St-Zip: MIAMI, FL 33146 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERGER, JOEL M
Address: 1949 S OAK HAVEN CIRCLE
City-St-Zip: MIAMI, FL 33179 US

Title: STD (X) Change () Addition
Name: CASHMAN, LEO B
Address: 1043 GRAND AVE, #317
City-St-Zip: SAINT PAUL, MN 55105 US

Title: VD (X) Change () Addition
Name: MEAGHER, MARY ELLEN
Address: 1207 WHISPERING WINDS COURT
City-St-Zip: APOPKA, FL 32703 US

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: LEO B CASHMAN

STD

09/22/2009

Electronic Signature of Signing Officer or Director

Date