

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009155

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA HEALTH FREEDOM COALITION, 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: 55-0816743

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: ROGERS, TERRY
Address: 315 NE 10TH ST.
City-St-Zip: GAINESVILLE, FL 32601

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

Title: SD () Delete
Name: SABER-WILLIS, BARBARA
Address: 19515 DEER LAKE RD.
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DEBORAH J MILLER

TRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date