2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003012

FILED Jan 11, 2011 Secretary of State

Entity Name: NORTHEAST FLORIDA HEALTH INFORMATION EXCHANGE, INC.

Current Principal Place of Business:

% STEPHEN G. PROM, ESQ., AKERMAN SENTERFITT

50 NORTH LAURA STREET, SUITE 2500

JACKSONVILLE, FL 32209

Current Mailing Address:

% STEPHEN G. PROM, ESQ., AKERMAN SENTERFITT 50 NORTH LAURA STREET, SUITE 2500

JACKSONVILLE, FL 32209

FEI Number Applied For ()

New Mailing Address:

JACKSONVILLE, FL 32202

% STEPHEN G. PROM, ESQ., AKERMAN SENTERFITT

% STEPHEN G. PROM, ESQ., AKERMAN SENTERFITT

50 NORTH LAURA STREET, SUITE 3100

50 NORTH LAURA STŔEET, SUITE 3100

New Principal Place of Business:

JACKSONVILLE, FL 32202

FEI Number: 03-0515874 FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC. 515 E. PARK AVENUE

TALLAHASSEE, FL 32301 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:

BAER DOUGLAS M Name:

Address: 3599 UNIVERSITY BOULEVARD SOUTH

City-St-Zip: JACKSONVILLE, FL 32216

Title:

Name: MILLSON, JAY W Address: 555 BISHOPGATE LANE City-St-Zip: JACKSONVILLE, FL 32204

Title:

BRIGHAM, ROBERT Name: 450 SAN PABLO ROAD Address: City-St-Zip: JACKSONVILLE, FL 32224

Title:

Name: BURKHART, JAMES Address: 655 WEST 8TH STREET City-St-Zip: JACKSONVILLE, FL 32209

Title:

Name: CHISHOLM, MOODY L

1 SHIRCLIFF WAY, 1ST FLOOR, #1302 Address:

City-St-Zip: JACKSONVILLE, FL 32204

Title:

GREENE, A. HUGH Name: Address: 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN G. PROM, ESQ.

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01/11/2011