

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003012

FILED  
Feb 24, 2012  
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 3100  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

% BROOKS REHABILITATION  
3599 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

% STEPHEN G. PROM, ESQ., AKERMAN SENTERFITT  
50 NORTH LAURA STREET, SUITE 3100  
JACKSONVILLE, FL 32202

**New Mailing Address:**

% BROOKS REHABILITATION  
3599 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE, FL 32216

**FEI Number:** 03-0515874

**FEI Number Applied For ( )**

**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:**

Title: PD  
Name: BAER, DOUGLAS M  
Address: 3599 UNIVERSITY BOULEVARD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

Title: D  
Name: CHISHOLM, MOODY L  
Address: 1 SHIRCLIFF WAY, 1ST FLOOR, #1302  
City-St-Zip: JACKSONVILLE, FL 32204

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

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: DOUGLAS M. BAER

PD

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date