# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2004**
**Secretary of State**

DOCUMENT# N03000009003

**Entity Name:** FLORIDA HEALTH CARE REFORM BOARD, INC.

**Current Principal Place of Business:**

6535 WINKLER ROAD
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6535 WINKLER ROAD
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAWLEY, PHILLIP E
6535 WINKLER ROAD
FORT MYERS, FL 33919 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: P ( ) Delete
Name: HAWLEY, PHILLIP E
Address: 6535 WINKLER ROAD
City-St-Zip: FORT MYERS, FL 33919 US

Title: T (X) Delete
Name: HAWLEY, PHILLIP E
Address: 6535 WINKLER ROAD
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HAWLEY, PHILLIP E
Address: 6535 WINKLER ROAD
City-St-Zip: FORT MYERS, FL 33919 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHILLIP E HAWLEY D 03/18/2004
Electronic Signature of Signing Officer or Director — Date