

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009003

FILED
Jan 06, 2006
Secretary of State

Entity Name: FLORIDA HEALTH CARE REFORM BOARD, INC.

Current Principal Place of Business:

255 S TAMiami TRAIL
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

26274 OLD 41 ROAD
ATTN: M HAWLEY
BONITA SPRINGS, FL 34135 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HAWLEY, MARTIN E
26274 OLD 41 ROAD
BONITA SPRINGS, FL 34135 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: D () 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, MARTIN E
Address: 26274 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN E. HAWLEY

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date