

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 047 ****61.25

DOCUMENT # N03000010670

1. Entity Name
THE FLORIDA HEALTH FRAUD COALITION, INC.



Principal Place of Business
**555 WINDERLY PLACE, # 200
MAITLAND, FL 32751**

Mailing Address
**555 WINDERLY PLACE, # 200
MAITLAND, FL 32751**

44050353



2. Principal Place of Business
4951A Adamo Dr.

3. Mailing Address
4951A Adamo Dr.

Suite, Apt. #, etc.
#120

Suite, Apt. #, etc.
#120

06182004 Chg-NP CR2E037 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
92-0185326

Applied For
Not Applicable

Zip
33605

Country
US

Zip
33605

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ISAACS, LYNNE
FDA
555 WINDERERLY PLACE, # 200
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2222 McMahon Ct.

City

Orlando FL 32812

FL

Zip Code
32812

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **REEVES, LAURA**
STREET ADDRESS **2578 FRANK SMITH RD**
CITY-ST-ZIP **QUINCY, FL 32352**

TITLE **VC** ☐ Delete
NAME **LAWHEAD, CLARA**
STREET ADDRESS **PASCO COUNTY HEALTH DEPT, 10810 LITTLE RD**
CITY-ST-ZIP **NEW PT RICHEY, FL 346542533**

TITLE **S** ☐ Delete
NAME **FREEMAN, MOIRA**
STREET ADDRESS **HILLSBOROUGH CO HEALTH DEPT, 4951A ADAMO DR**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #