


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90123 020 ****61.25

DOCUMENT # N03000010670	
1. Entity Name THE FLORIDA HEALTH FRAUD COALITION, INC.	

Principal Place of Business 4951A ADAMO DR. #120 TAMPA, FL 33605	Mailing Address 4951A ADAMO DR. #120 TAMPA, FL 33605
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2. Principal Place of Business 2222 MCMAHON CT	3. Mailing Address 2222 MCMAHON CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32812	Country US



05092005 Chg-NP CR2E037 (10/03)

4. FEI Number 92-0185326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ISAACS, LYNNE 2222 MCMAHON CT. ORLANDO, FL 32812	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 *Maria Freeman* DATE 05-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REEVES, LAURA 2578 FRANK SMITH RD QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LAWHEAD, CLARA PASCO COUNTY HEALTH DEPT, 10810 LITTLE RD NEW PT RICHEY, FL 346542533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, MOIRA HILLSBOROUGH CO HEALTH DEPT, 4951A ADAMO DR TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura K Reeves Chair* Date 5/23/05 Daytime Phone # 850-245-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR