2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N05000003503

Entity Name: FLORIDA HEALTH INFORMATION NETWORK, INC.

Current Principal Place of Business:

215 SOUTH MONROE STREET
SUITE 815
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

2000 TOWERSIDE TERRACE
SUITE 601
MIAMI SHORES, FL 33138 US

Current Mailing Address:

215 SOUTH MONROE STREET
SUITE 815
TALLAHASSEE, FL 32309 US

New Mailing Address:

2000 TOWERSIDE TERRACE
SUITE 601
MIAMI SHORES, FL 33138 US

FEI Number: 20-3547013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARCLAY, JAMES M
215 SOUTH MONROE STREET
SUITE 815
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

EDWARDS, CARLADENISE A.
2000 TOWERSIDE TERRACE
SUITE 601
MIAMI SHORES, FL 33138 US

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: CARLADENISE ARMBRISTER EDWARDS 01/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: HEEKIN, W. MICHAEL
Address: 930 GREYFIELD PLACE
City-St-Zip: ATLANTA, GA 30328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: W. MICHAEL HEEKIN P/D 01/10/2006
Electronic Signature of Signing Officer or Director Date