

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009184

FILED
Apr 25, 2006
Secretary of State

Entity Name: FLORIDA COMMUNITY HEALTH ACTION INFORMATION NETWORK, INC.

Current Principal Place of Business:

6600 CYPRESS ROAD
508
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

6600 CYPRESS ROAD
508
PLANTATION, FL 33317

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:

MARGULIS, LISA A
6600 CYPRESS ROAD
508
PLANTATION, FL 33317 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: SCHUVER, ANDREA
Address: 545 NE 3RD STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: JOHNSTON, ROBERT (SKIP)
Address: 6301 NW 5TH WAY, SUITE 3000
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SEC. () Delete
Name: HALE, KATHLEEN
Address: 2140 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33133

Title: TRES () Delete
Name: FERRARI, ANDREA
Address: 301 YAMATO ROAD, SUITE 4150
City-St-Zip: BOCA RATON, FL 33481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHUVER, ANDREA
Address: 6301 NW 5TH WAY, SUITE 3000
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: V (X) Change () Addition
Name: HALE, KATHLEEN
Address: 2140 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33133

Title: S (X) Change () Addition
Name: FERRARI, ANDREA
Address: 301 YAMATO ROAD, SUITE 4150
City-St-Zip: BOCA RATON, FL 33481

Title: T (X) Change () Addition
Name: BILELLO, LORI
Address: 900 UNIVERSITY BLVD, SUITE 110
City-St-Zip: JACKSONVILLE, FL 32211

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: ROBERT

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date