

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009184

FILED  
Apr 12, 2007  
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:** 11-3799980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: 6301 NW 5TH WAY, SUITE 3000  
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HALE, KATHLEEN  
Address: 2140 SOUTH DIXIE HIGHWAY #205  
City-St-Zip: MIAMI, FL 33133

Title: V (X) Change ( ) Addition  
Name: POLIVKA -WEST, LU MARIE  
Address: 307 WEST PARK AVE / PO BOX 1459  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Change ( ) Addition  
Name: GOODHUE, LAURA  
Address: 1123 CRESTWOOD BLVD.  
City-St-Zip: LAKE WORTH, FL 33460

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: KATHLEEN HALE

P

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date