

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009184

FILED
Apr 21, 2008
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:

2812 N. 34TH AVENUE
HOLLYWOOD, FL 33021

Current Mailing Address:

6600 CYPRESS ROAD
508
PLANTATION, FL 33317

New Mailing Address:

2812 N. 34TH AVENUE
HOLLYWOOD, FL 33021

FEI Number: 11-3799890

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:

MARGULIS, LISA A
2812 N. 34TH AVENUE
HOLLYWOOD, FL 33021 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:

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) 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: POLIVKA WEST, LUMARIE
Address: 307 W. PARK AVE./ P. O. BOX 1459
City-St-Zip: TALLAHASSEE, FL 32301

Title: V (X) Change () Addition
Name: WRIGHT, CHERI
Address: PO BOX 408
City-St-Zip: VALRICO, FL 33595

Title: T (X) Change () Addition
Name: BILLELLO, LORI
Address: 644 CESARY BLVD, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LUMARIE POLIVKA WEST

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date