

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009184

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

2812 N. 34TH AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

3167-B GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

2812 N. 34TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

3167-B GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410

FEI Number: 11-3799890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOODHUE, LAURA
3167-B GARDENS EAST DRIVE
PALM BEACH GARDENS, FL 33410 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: LAURA GOODHUE

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: VAN CAULIL, KAREN
Address: 2461 WEST STATE ROAD 426, SUITE 2041
City-St-Zip: OVIEDO, FL 32765

Title: T () Change (X) Addition
Name: LEON, SANTIAGO
Address: 11600 SW 69 AVENUE
City-St-Zip: PINE CREST, FL 33156

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

01/16/2009

Electronic Signature of Signing Officer or Director

Date