2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 05, 2011
Secretary of State

DOCUMENT# N05000009184

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

Current Principal Place of Business:

16887 96TH TERRACE NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

16887 96TH TERRACE NORTH
JUPITER, FL 33478

New Mailing Address:

FEI Number: 11-3799890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODHUE, LAURA
16887 96TH TERRACE NORTH
JUPITER, FL 33478 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
Name: POLIVKA WEST, LUMARIE
Address: 307 W. PARK AVE./ P. O. BOX 1459
City-St-Zip: TALLAHASEE, FL 32301

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

Title: S
Name: FISHER, CHRISTINE
Address: 4479 HARBOUR NORTH COURT
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: ED
Name: GOODHUE, LAURA
Address: 16887 96TH TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

I hereby 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 all other like empowered.

SIGNATURE: LAURA GOODHUE ED 02/05/2011

Electronic Signature of Signing Officer or Director — Date