

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009184

FILED
Jan 05, 2012
Secretary of State

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: TALLAHASSEE, FL 32301

Title: V
Name: MERRELL, LINDA
Address: 599 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: T
Name: PIZZI, DAVID
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date