

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011128

FILED
Feb 25, 2008
Secretary of State

Entity Name: FLORIDA HEALTH FUND, INC.

Current Principal Place of Business:

92 WISTERIA DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

92 WISTERIA DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3735545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, GEORGE F
92 WISTERIA DRIVE
LONGWOOD, FL 32779 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: D () Delete
Name: ELLIS, GEORGE F MD
Address: 92 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ELLIS, ADAM G
Address: 572 BRECKENRIDGE VILLAGE, SUITE 11
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete
Name: ELLIS, DENYSE C
Address: 567 WEKIVA COVE ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GEORGE F. ELLIS

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date