

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003641

FILED
Mar 20, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA REGIONAL HEALTH INFORMATION ORGANIZATION, INC.

Current Principal Place of Business:

4401 VINELAND ROAD
SUITE A-10
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4401 VINELAND ROAD
SUITE A-10
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-8145032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAIRES & HAMMOND, PL
283 CRANES ROOST BLVD SUITE 165
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CHAIRES, BROODERSON & GUERRERO, PL
283 CRANES ROOST BLVD SUITE 165
ALTAMONTE SPRINGS, FL 32701 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: GREGORY A. CHAIRES

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CHERNEY, BECKY J
Address: 4401 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: DVC () Delete
Name: SCHOOLER, RICK
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 328062093

Title: T () Delete
Name: EDMUNDSON, ROSS MD
Address: 2400 BEDFORD RD
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: VAN CAULIL, KAREN PHD
Address: 2461 W STATE ROAD 426
City-St-Zip: OVIEDO, FL 32765

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: EDMUNDSON, ROSS MD
Address: 2400 BEDFORD RD
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change () Addition
Name: FREEMAN, DAVE
Address: 4401 VINELAND RD SUITE A-11
City-St-Zip: ORLANDO, FL 32811

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: BECKY J. CHERNEY

DC

03/20/2009

Electronic Signature of Signing Officer or Director

Date