

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 11, 2010
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, BROODERSON & GUERRERO, PL
283 CRANES ROOST BLVD SUITE 165
ALTAMONTE SPRINGS, FL 32701 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: DC
Name: CHERNEY, BECKY J
Address: 4401 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

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

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

Title: S
Name: SCHREIBER, JEANETTE
Address: 12201 RESEARCH PARKWAY 3RD FLOO
City-St-Zip: ORLANDO, FL 32816

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: BECKY J. CHERNEY

C

02/11/2010

Electronic Signature of Signing Officer or Director

Date