2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# N06000003641

Entity Name: CENTRAL FLORIDA REGIONAL HEALTH INFORMATION ORGANZATION, 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: SCHREIBER, JEANETTE C JD
Address: 6850 LAKE NONA BLVD
City-St-Zip: ORLANDO, FL 32827

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: DAVIES, MATTHEW M
Address: 1850 BARTON ST
City-St-Zip: LONGWOOD, FL 32750

Title: IPC
Name: CHERNEY, BECKY J
Address: 4401 VINELAND RD SUITE A-10
City-St-Zip: ORLANDO, FL 32811

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 IPC 02/28/2011

Electronic Signature of Signing Officer or Director — Date