

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010907

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF HEALTH PLANS FOUNDATION, INC.

**Current Principal Place of Business:**

201 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

200 WEST COLLEGE AVENUE  
SUITE 104  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

201 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 10748  
TALLAHASSEE, FL 32302

**FEI Number:** 43-2112653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WYCHULIS, ROBERT  
201 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

WYCHULIS, ROBERT  
200 WEST COLLEGE AVENUE  
SUITE 104  
TALLAHASSEE, FL 32301 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:

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: WYCHULIS, ROBERT  
Address: 201 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: WYCHULIS, ROBERT  
Address: 201 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CROOKS, ANDREW  
Address: 255 PRIMERA BLVD., STE. 264  
City-St-Zip: LAKE MARY, FL

Title: D ( ) Delete  
Name: JAMAL, ASIF  
Address: 1801 NW 9TH AVE.  
City-St-Zip: MIAMI, FL 32301

Title: D ( ) Delete  
Name: FLAHERTY, BROOKE  
Address: 11675 GREAT OAKS WAY  
City-St-Zip: ALPHARETTA, GA

Title: D ( ) Delete  
Name: PAGIDIPATI, DEVAIAH  
Address: 2955 SE 3RD COURT  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: WYCHULIS, ROBERT  
Address: 200 WEST COLLEGE AVE, SUITE 104  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition  
Name: WYCHULIS, ROBERT  
Address: 200 WEST COLLEGE AVE, SUITE 104  
City-St-Zip: TALLAHASSEE, FL 32301

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

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: ROBERT WYCHULIS

PVST

04/30/2007

Electronic Signature of Signing Officer or Director

Date