2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000010907

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

Current Principal Place of Business:

200 WEST COLLEGE AVENUE
SUITE 104
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10748
TALLAHASSEE, FL 32302

New Mailing Address:

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
200 WEST COLLEGE AVENUE
SUITE 104
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BRACHER, JAMES J
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: JAMES J BRACHER 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: WYCHULIS, ROBERT
Address: 200 WEST COLLEGE AVE, SUITE 104
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: BRACHER, JAMES J
Address: 200 WEST COLLEGE AVE, SUITE 104
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition
Name: BRACHER, JAMES J
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: JAMES J BRACHER P 04/30/2008
Electronic Signature of Signing Officer or Director Date