2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010907

FILED May 08, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 200 WEST COLLEGE AVENUE SUITE 104 TALLAHASSEE, FL 32301 **New Mailing Address: Current 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 () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRACHER, JAMES J GARNER, MICHAEL W 200 WEST COLLEGE AVENUE 200 WEST COLLEGE AVENUE SUITE 104 SUITE 104 TALLAHASSEE, FL 32301 US 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: MICHAEL W. GARNER 05/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PVST** (X) Change () Addition () Delete BRACHER, JAMES J GARNER, MICHAEL W Name: Name: 200 WEST COLLEGE AVE, SUITE 104 Address: 200 WEST COLLEGE AVE, SUITE 104 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: Title: (X) Change () Addition () Delete BRACHER, JAMES J Name: BRACHER, JAMES J Name: Address: 200 WEST COLLEGE AVE. SUITE 104 Address: 200 WEST COLLEGE AVE. SUITE 104 City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: (X) Change () Addition CROOKS, ANDREW Name: FLAHERTY, BROOKE Name: 255 PRIMERA BLVD., STE. 264 Address: Address: 11675 GREAT OAKS WAY City-St-Zip: LAKE MARY, FL City-St-Zip: ALPHARETTA, GA Title: (X) Delete Title: () Change () Addition Name: JAMAL, ASIF Name: 1801 NW 9TH AVE. Address: Address: City-St-Zip: MIAMI, FL 32301 City-St-Zip: Title: (X) Delete Title: () Change () Addition FLAHERTY, BROOKE Name: Name: 11675 GREAT OAKS WAY Address: Address: City-St-Zip: ALPHARETTA, GA 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL W. GARNER P 05/08/2009

(X) Delete

PAGIDIPATI, DEVAIAH

2955 SE 3RD COURT

OCALA, FL

Title:

Name:

Address:

City-St-Zip:

() Change () Addition