

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010907

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**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:**

GARNER, MICHAEL W  
200 WEST COLLEGE AVENUE  
SUITE 104  
TALLAHASSEE, FL 32301 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: P  
Name: GARNER, MICHAEL W  
Address: 200 WEST COLLEGE AVE, SUITE 104  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S  
Name: BRACHER, JAMES J  
Address: 200 WEST COLLEGE AVE, SUITE 104  
City-St-Zip: TALLAHASSEE, FL 32301

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

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: MICHAEL W. GARNER

P

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date