

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010907

FILED
Feb 15, 2011
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

PRES

02/15/2011

Electronic Signature of Signing Officer or Director

Date