

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013062

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA HEALTH NEWS, INC.

Current Principal Place of Business:

3318 OVERLOOK DRIVE, NE
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

PO BOX 21514
ST. PETERSBURG, FL 337421514

New Mailing Address:

FEI Number: 71-1016696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, ALISON ESQ
RAHDERT STEELE BOLE & REYNOLDS PA
535 CENTRAL AVE
ST PETERSBURG, FL 33701 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: PRES () Delete
Name: HAYS, PAULA
Address: 2401 52ND ST. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: WOLFSON, JAY
Address: 13301 N. BRUCE B. DOWNS BLVD. 1126
City-St-Zip: TAMPA, FL 33613

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOLFSON, JAY DR. PH
Address: 13301 N. BRUCE B. DOWNS BLVD. 1126
City-St-Zip: TAMPA, FL 33613

Title: VP (X) Change () Addition
Name: PORTELLI, LISA
Address: 220 EDINBURGH DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: S/T () Change (X) Addition
Name: WALSH-CHILDERS, KIM PHD
Address: 3044 WEIMER HALL, UNIVERSITY OF FLORIDA
City-St-Zip: GAINESVILLE, FL 32611

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: JAY WOLFSON

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date