

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013062

FILED
Apr 05, 2012
Secretary of State

Entity Name: HEALTH NEWS FLORIDA INC.

Current Principal Place of Business:

2419 DARTMOUTH AVE. N
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

2419 DARTMOUTH AVE. N
ST. PETERSBURG, FL 33713 US

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:

GENTRY, CAROL
2419 DARTMOUTH AVE. N
ST. PETERSBURG, FL 33713 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: D
Name: WALSH-CHILDERS, KIM PHD
Address: 3044 WEIMER HALL, UNIVERSITY OF FLORIDA
City-St-Zip: GAINESVILLE, FL 32611 US

Title: C
Name: ABBERGER, LESTER
Address: P.O. BOX 1168
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: VCST
Name: WOLFSON, JAY PHD JD
Address: P.O. BOX 342548
City-St-Zip: TAMPA, FL 33694 US

Title: D
Name: PORTELLI, LISA
Address: 1421 MAGNOLIA AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D
Name: MAY, TONI
Address: 13129 MEADOWBREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: D
Name: RADKA, MICHAEL
Address: 423 SANDRINGHAM COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: LESTER ABBERGER

C

04/05/2012

Electronic Signature of Signing Officer or Director

Date