2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N08000003608

Entity Name: CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES, INC.

Current Principal Place of Business:

2461 W. STATE RD. 426
SIUTE 2041
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2461 W. STATE RD. 426
SIUTE 2041
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 26-2339292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAUTHEN, ELAINE
2461 W. STATE RD. 426
SUITE 2041
OVIEDO, FL 32765 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: MARTIN, ANDRIA
Address: 1816 SWEETWATER WEST CIR
City-St-Zip: APOPKA, FL 32712 US

Title: TD
Name: CAUTHEN, ELAINE
Address: 1539 THORNHILL CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: CD
Name: SUTHERLAND, LINDA
Address: 600 CORTLAND ST., STE. 565
City-St-Zip: ORLANDO, FL 32804 US

Title: VC
Name: FRANCOIS, MARIE-JOSE
Address: 2542 FLETCH COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: SD
Name: JOSEPHS, LAUREN
Address: 1392 LAKE BALDWIN LANE, STE B
City-St-Zip: ORLANDO, FL 32814 US

Title: VC
Name: HO-SHING, VIKKI
Address: 400 SAWGRASS CORPORATE PKWY, STE 100
City-St-Zip: SUNRISE, FL 33325 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: ELAINE CAUTHEN TD 04/06/2010

Electronic Signature of Signing Officer or Director — Date