

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011292

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ELECTRONIC HEALTH CENTERS NETWORK, INC.

**Current Principal Place of Business:**

110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 59-1480970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DILLON, WILLIAM P ESQ.  
MESSER CAPARELLO & SELF, P.A.  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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: STD  
Name: HERREMANS, BRADLEY  
Address: 13110 ELK MOUNTAIN DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VPD  
Name: WILLIAMS, GAYE  
Address: 950 COUNTY ROAD 17A W  
City-St-Zip: AVON PARK, FL 33825

Title: PD  
Name: STEWART, TANYA  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

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: TANYA STEWART

PD

03/03/2011

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

\_\_\_\_\_  
Date