

N1800000 1299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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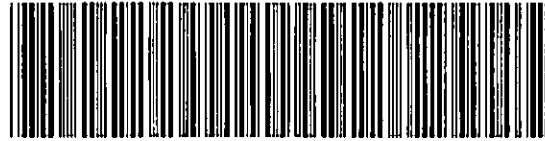
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2020

JULIA MCCURRY, RHIA  
NEFHIMA  
4189 MAIL COACH CT.  
MIDDLEBURG, FL 32068

SUBJECT: NORTHEAST FLORIDA HEALTH INFORMATION MANAGEMENT  
ASSOCIATION, INC.  
Ref. Number: N18000001299

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00003517

*Document ~~ed~~ amended - Thank you!*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Northeast Florida Health Information Management Association, Inc.  
Name of Corporation (NEFHIMA)

**DOCUMENT NUMBER:** NI800 000 1299

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia McCurry, RHIA

Name of Contact Person

NEFHIMA

Firm/Company

4189 Mail Coach Ct.

Address

Middleburg FL 32068

City/State and Zip Code

nefhima@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia McCurry

Name of Contact Person

at ( 904 ) 718-9794

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Northeast Florida Health Information Management Association, Inc.  
2. The principal office address: 4189 Mail Coach Ct.  
Middleburg, FL 32068  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 62/02/2018 Document number: N18000001299

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Glenneta D. Thompson Geri R. Newman  
1750 NE 109th Place 2246 NW 36th Avenue  
Archer, FL 32618 Gainesville, FL 32605

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Julia McCurry, RHIA  
4189 Mail Coach Ct.  
P.O. Box NOT acceptable  
Middleburg FL 32068

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Julia McCurry, RHIA  
Signature of an officer or director

Julia McCurry, RHIA, President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Julia McCurry, RHIA  
Signature of Registered Agent

8/26/2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314