

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 012 ****70.00

DOCUMENT # N30172 1. Entity Name THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.					
Principal Place of Business 710 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708 US				Mailing Address 710 SENECA MEADOWS ROAD SUITE 602 WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 710 Seneca Meadows Rd.			
City & State Winter Springs, FL		City & State Winter Springs, FL		4. FEI Number 59-2908776	
Zip 32708		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KESSLER, JUDITH S 710 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708				7. Name and Address of Now Registered Agent Name Audrey H. Hauser Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Audrey H. Hauser DATE March 4, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T	NAME HAUSER, AUDREY H			TITLE PE/TID	
STREET ADDRESS 710 SENECA MEADOWS ROAD	CITY-ST-ZIP WINTER SPRINGS, FL 32708			NAME PE/TID	
TITLE PE	NAME KESSLER, JUDITH S			TITLE PE/D	
STREET ADDRESS 19195 MYSTIC POINTE DRIVE -SUITE 602	CITY-ST-ZIP AVENTURA, FL 33180			NAME 	
TITLE PP	NAME MANKITA, SUSAN			TITLE 	
STREET ADDRESS 14120 SW 78TH AVE	CITY-ST-ZIP MIAMI, FL 33158			NAME 	
TITLE P	NAME HURWITZ, DEBORAH			TITLE PP/D	
STREET ADDRESS 11720 SW 97TH CT	CITY-ST-ZIP MIAMI, FL 33176			NAME 	
TITLE S	NAME GINGELL, MADOYN			TITLE S/D	
STREET ADDRESS 338 PRATHER DR	CITY-ST-ZIP FORT MYERS, FL 33919			NAME Adorno Gail F	
TITLE 	CITY-ST-ZIP 			STREET ADDRESS 8922 NW 69th Terrace	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				Gainesville, FL 32653	
SIGNATURE: Audrey H. Hauser <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date March 4, 2005 Daytime Phone: 321841-1205	