

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90156 015 \*\*\*\*61.25

<b>DOCUMENT # N30172</b> 1. Entity Name <b>THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.</b>					
Principal Place of Business <b>710 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708 US</b>			Mailing Address <b>710 SENECA MEADOWS ROAD SUITE 602 WINTER SPRINGS, FL 32708 US</b>		
2. Principal Place of Business <b>Box 100306</b>		3. Mailing Address <b>Box 100306</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>			
Zip <b>32610-0306</b>		Country <b>US</b>		4. FEI Number <b>59-2908776</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HOUSER, AUDREY H 710 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent Name <b>Conner, Sherry</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 SW Archer Road 1st Floor, Room 1145 Gainesville FL 32610</b>		
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 <i>Sherry A. Conner</i> <small>Signature, for officer or director named on this statement and the applicable (NOTE: Registered Agent signature required when reinstating)</small>		<b>Sherry Conner, TD</b>		<b>4/27/2006</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PETD HAUSER, AUDREY H 710 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE Carol A. Roth P.O. Box 845 San Antonio, FL 33576</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KESSLER, JUDITH S 19195 MYSTIC POINTE DRIVE -SUITE 602 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Robert Goodman 4000 N. Hills Drive, Suite 6 Hollywood, FL 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPD HURWITZ, DEBORAH 11720 SW 97TH CT MIAMI, FL 33176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPD Judith Kessler 19195 Mystic Pointe Dr. Aventura, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ADORNO, GAIL F 8922 NW 69TH TERR GAINESVILLE, FL 32653</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Sherry Conner Box 100306 Gainesville, FL 32610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Sherry A. Conner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Sherry Conner, TD</b>		<b>4/27/2006</b> <small>Date</small>	
				<b>352-265-0224</b> <small>Daytime Phone</small>	