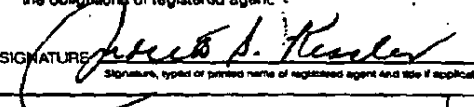
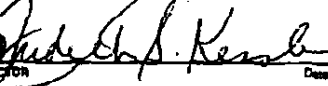


FILED
Jun 02, 2003 8:00 am
Secretary of State

04-17-2003 90182 016 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30172			
1. Entity Name THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WORK ADMINISTRATORS IN HEALTH CARE, INC.			
Principal Place of Business 19185 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180 US		Mailing Address 19185 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2908776		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KESSLER, JUDITH S 19185 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180		7. Name and Address of New Registered Agent Name 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  Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, MARY 1414 KUHLE AVENUE ORLANDO FL 32806 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres PRESIDENT COOK, CATHY P.O.B. 100306 GAINESVILLE FL 32610 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KESSLER, JUDITH S 19185 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER KESSLER, JUDITH S. 19185 MYSTIC POINTE DR. #602 AVENTURA FL 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, CATHY PO BOX 100306 GAINESVILLE FL 32610 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAKITA, SUSAN 14120 SW 77th AVE Miami, FL 33158 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MAKITA, SUSAN 14120 S.W. 72 AVENUE MIAMI FL 33158 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT DEBORAH HURWITZ 11720 SW 97th CT MIAMI, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSMAN, CATHY 7727 LAKE UNDERHILL ROAD ORLANDO FL 32822 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MADOLYN GINGOLL 338 PRATHER DRIVE FT. MOYERS, FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		SIGNATURE REQUIRED  5/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR		Date	