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Secretary of State
04-17-2003 90182 016 ****61.25

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

55045821

DOCUMENT # N30172

1. Entity Name
THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WO RK ADMINISTRATORS IN HEALTH CARE, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
19195 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180 US	19195 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
KESSLER, JUDITH S 19195 MYSTIC POINTE DRIVE SUITE 602 AVENTURA FL 33180	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: Judith S. Kessler
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 KUHL AVENUE ORLANDO FL 32806	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MST PRESIDENT COOK, CATHY P.O.B. 100306 GAINSVILLE FL 32610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KESSLER, JUDITH S 19195 MYSTIC POINTE DRIVE -SUITE 602 AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER KESSLER, JUDITH S. 19195 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	D PRESIDENT MANIKITA-SUSAN 14120 SW 72ND AVE Miami, FL 33158	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MANIKITA, SUSAN 14120 S.W. 72 AVENUE MIAMI FL 33158	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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 MADDYNS GINGOLL 338 PRATHER DRIVE FT. MYERS, FL. 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Judith S. Kessler 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #