FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35831 (9)

1. Corporation Name

TRI-COUNTY HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DIANE J. MARSH 7125 CAMBRIDGE ST. SPRING HILL FL 34606	% DIANE J. MARSH 7125 CAMBRIDGE ST. SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1989
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2968968 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARSH, DIANE J. 7125 CAMBRIDGE ST. SPRING HILL FL 34606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	KIDNER, TRUDY	1.2 NAME	Debra Lew	
STREET ADDRESS	13113 MINK RUN	1.3 STREET ADDRESS	11208 Archer Ave.	
CITY-ST-ZIP	HUDSON FL 34669	1.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	HOLTON, BARBARA	2.2 NAME	Grace Bordas	
STREET ADDRESS	12204 BEAR CREEK LANE	2.3 STREET ADDRESS	9097 Blaine Rd.	
CITY-ST-ZIP	BAYONET POINT FL 34667	2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	P	3.1 TITLE	P	☒ Change ☐ Addition
NAME	EDWARDS, KAY K	3.2 NAME	Linda Frantz, ART	
STREET ADDRESS	1815 MARINER DR #174	3.3 STREET ADDRESS	360 Cobblestone Drive	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BORDAS, GRACE	4.2 NAME	Janet Bowman	
STREET ADDRESS	9097 BLAINE RD.	4.3 STREET ADDRESS	2001 Whitewood Ave.	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BOWMAN, JANET	5.2 NAME	Kay Edwards, ART	
STREET ADDRESS	2001 WHITEWOOD AVE.	5.3 STREET ADDRESS	1815 Mariner Dr. #174	
CITY-ST-ZIP	SPRING HILL FL 34608	5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRIS, THELMA	6.2 NAME	Elizabeth McGrogan	
STREET ADDRESS	6531 BERKLEY DR.	6.3 STREET ADDRESS	12312 Drayton Dr.	
CITY-ST-ZIP	BAYONET POINT FL 34667	6.4 CITY-ST-ZIP	Spring Hill, FL 34609	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Edwards Kay Edwards 4-13-95 863-2411 Ext 5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096841