

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35831 (9)
1. Corporation Name
TRI-COUNTY HEALTH INFORMATION ASSOCIATION, INC.

Principal Place of Business Mailing Address
%Diane J. Marsh **%Diane J. Marsh**
7125 Cambridge St. **7125 Cambridge St.**
Spring Hill, Fl. 34606 **Spring Hill, Fl. 34606**

2. Principal Place of Business 2a. Mailing Address
21 Grace Bordas, ART **26 Grace Bordas, ART**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 9097 Blaine Road **27 9097 Blaine Road**
City & State City & State
23 Spring Hill, Fla. **28 Springhill, Fla.**
Zip Country Zip Country
24 34608 **25** **29 34608** **30**

3. Date Incorporated or Qualified **12/07/1989** 3a. Date of Last Report **04/13/1995**
4. FEI Number **59-2988968** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Diane J. Marsh
7125 Cambridge St.
Spring Hill, Fla. 34606

10. Name and Address of New Registered Agent

81 Name **Grace Bordas, ART**
82 Street Address (P.O. Box Number is Not Acceptable)
9097 Blaine Road
83
84 City **Spring Hill** **FL** **85 Zip Code** **34608**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Grace Bordas, ART*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/5/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	Debra Lew	
STREET ADDRESS	11208 Archer Ave.	
CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Grace Bordas ART	
STREET ADDRESS	9097 Blaine Road	
CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Linda Frantz	
STREET ADDRESS	7125 Tudor Lane	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Janet Bowman	
STREET ADDRESS	2001 Whitewood Ave.	
CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Kay Edwards	
STREET ADDRESS	1815 Mariner Drive #174	
CITY-ST-ZIP	Tarpon Springs, Fl. 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Elizabeth McGrogan	
STREET ADDRESS	12312 Drayton Drive	
CITY-ST-ZIP	Spring Hill, Fl. 34609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500001877535
1.4 CITY-ST-ZIP	-06/27/96--01021--009
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kimberly Gmeiner
2.3 STREET ADDRESS	3242 Maitland Drive
2.4 CITY-ST-ZIP	Holiday, Fl. 34691
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Grace Bordas, ART
3.3 STREET ADDRESS	9097 Blaine Road
3.4 CITY-ST-ZIP	Spring Hill, Fl. 34608
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jackie Meyer
4.3 STREET ADDRESS	14316 Lelani Drive
4.4 CITY-ST-ZIP	Brooksville, Fl. 34614
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Linda Frantz
5.3 STREET ADDRESS	7125 Tudor Lane
5.4 CITY-ST-ZIP	Port Richey, Fl. 34668
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: *Grace Bordas, ART*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 **813-869-5400**
Date Daytime Phone #

ext 5757

CR2E037 (12/95)