

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35831 (9)**  
1. Corporation Name  
**TRI-COUNTY HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.**

Principal Place of Business <b>GRACE BORDAS, ART 9097 BLAINE ROAD SPRING HILL FL 34608</b>	Mailing Address <b>GRACE BORDAS, ART 9097 BLAINE ROAD SPRING HILL FL 34608-6105</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2988968</b>	3a. Date of Last Report <b>06/19/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BORDAS, GRACE, ART 9097 BLAINE ROAD SPRING HILL FL 34608</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEW, DEBRA</b>	1.2 NAME	<b>Bordas, Grace ART</b>
STREET ADDRESS	<b>11208 ARCHER AVENUE</b>	1.3 STREET ADDRESS	<b>9097 Blaine Roadue</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-ST-ZIP	<b>Spring Hill FL 34608</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S</b>	2.2 NAME	<b>Deborah Welsh</b>
STREET ADDRESS	<b>3242 MATLAND DRIVE</b>	2.3 STREET ADDRESS	<b>1498 Pie Court</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>	2.4 CITY-ST-ZIP	<b>Spring Hill FL 34608</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b>	3.2 NAME	<b>Merillo, Myra ART</b>
STREET ADDRESS	<b>9097 BLAINE ROAD</b>	3.3 STREET ADDRESS	<b>2025 Webbitt Roadue</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>	3.4 CITY-ST-ZIP	<b>Spring Hill FL 34608</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	4.2 NAME	<b>Jackie Meyer</b>
STREET ADDRESS	<b>14316 LELANI DRIVE</b>	4.3 STREET ADDRESS	<b>14316 Lelani Drive</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34614</b>	4.4 CITY-ST-ZIP	<b>Brooksville FL 34614</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>	5.2 NAME	<b>Mebb, Roberta</b>
STREET ADDRESS	<b>7125 TUDOR LANE</b>	5.3 STREET ADDRESS	<b>Plumtree Road</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	5.4 CITY-ST-ZIP	<b>Spring Hill FL 34608</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>	6.2 NAME	<b>Wilson, Kelly</b>
STREET ADDRESS	<b>12312 DRAYTON DRIVE</b>	6.3 STREET ADDRESS	<b>P.O. Box 217003</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>	6.4 CITY-ST-ZIP	<b>Trilby FL 33593</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/25/97 352-686-4604

CR2E037 (9/96)