

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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</b>
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3. Date Incorporated or Qualified <b>12/07/1989</b>	Applied For Not Applicable
4. FEI Number <b>59-2988968</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BORDAS GRACE ART  
9097 BLAINE ROAD  
SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

TITLE	<input type="checkbox"/> DELETE
NAME	<b>BORDAS, GRACE</b>
STREET ADDRESS	<b>9097 BLAINE RD</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WELSH, DEBORAH</b>
STREET ADDRESS	<b>1498 PIE COURT</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MERILLO, MYRA</b>
STREET ADDRESS	<b>2025 WESBITT AVE</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MEYER, JACKIE</b>
STREET ADDRESS	<b>14316 LELANI DRIVE</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34614</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WEBB, ROBERTA</b>
STREET ADDRESS	<b>PLUMTREE RD</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WILSON, KELLY</b>
STREET ADDRESS	<b>PO BOX 217 N/A</b>
CITY-ST-ZIP	<b>TRILBY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BORDAS, GRACE</b>
1.3 STREET ADDRESS	<b>9097 Blaine Rd</b>
1.4 CITY-ST-ZIP	<b>Spring Hill FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WELSH, DEBORAH</b>
2.3 STREET ADDRESS	<b>1498 Pie Court</b>
2.4 CITY-ST-ZIP	<b>Spring Hill, FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SCUTRO, REBECCA</b>
3.3 STREET ADDRESS	<b>2241 Moon Shadow Rd</b>
3.4 CITY-ST-ZIP	<b>New Port Richey, FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MERILLO, MYRA</b>
4.3 STREET ADDRESS	<b>2025-Wesbitt Ave</b>
4.4 CITY-ST-ZIP	<b>Spring Hill FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WEBB, ROBERTA</b>
5.3 STREET ADDRESS	<b>Plumtree Road</b>
5.4 CITY-ST-ZIP	<b>Spring Hill FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WILSON, KELLY</b>
6.3 STREET ADDRESS	<b>POBox 217 N/A</b>
6.4 CITY-ST-ZIP	<b>Trilby, FL</b>

14. 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 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* DATE: *4/20/98* 812-868-3900

CP2E037 (10/97)