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Secretary of State

04-02-1999 90046 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35831

1. Corporation Name

TRI-COUNTY HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

GRACE BORDAS, ART
 9097 BLAINE ROAD
 SPRING HILL FL 34608

Mailing Address

GRACE BORDAS, ART
 9097 BLAINE ROAD
 SPRING HILL FL 34608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/07/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2988968	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 Grace Bordas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T BORDAS, GRACE <input type="checkbox"/> DELETE	1.1 TITLE	T Grace Bordas <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDAS, GRACE	1.2 NAME	Grace Bordas
STREET ADDRESS	9097 BLAINE RD	1.3 STREET ADDRESS	9097 Blaine Road
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill FL 34608
TITLE	S WELSH, DEBORAH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S Susan McGrogan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, DEBORAH	2.2 NAME	Susan McGrogan
STREET ADDRESS	1498 PIE COURT	2.3 STREET ADDRESS	6387 Airmont Drive
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill FL 34606
TITLE	P SCUTRO, REBECCA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P Kelly Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCUTRO, REBECCA	3.2 NAME	P.O. Box 217
STREET ADDRESS	2241 MOON SHADOW RD	3.3 STREET ADDRESS	Trilby, FL 33593
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D MERILLO, MYRA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Rebecca Scutro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERILLO, MYRA	4.2 NAME	Rebecca Scutro
STREET ADDRESS	2025 WESBITT AVENUE	4.3 STREET ADDRESS	2241 Moon Shadow Rd
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	D WEBB, ROBERTA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D Luz Salazar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, ROBERTA	5.2 NAME	Luz Salazar
STREET ADDRESS	PLUMTREE RD	5.3 STREET ADDRESS	7341 Isle Dr.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	Port Richey FL
TITLE	D WILSON, KELLY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Nancy Wright <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, KELLY	6.2 NAME	Nancy Wright
STREET ADDRESS	PO BOX 217 N/A	6.3 STREET ADDRESS	3815 Northgreen Ave. Apt 3405
CITY-ST-ZIP	TRILBY FL	6.4 CITY-ST-ZIP	Tampa, FL 33624

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, with all other like empowered.

SIGNATURE: GRACE BORDAS **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

727-869-3900 486

Daytime Phone #

CR2E037 (1/98)