

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90014 048 ****61.25

DOCUMENT # N35831

1. Entity Name

TRI-COUNTY HEALTH INFORMATION MANAGEMENT ASSOCIA

Principal Place of Business

12705 RIVER MILL DR
 HUDSON FL 34667

Mailing Address

12705 RIVER MILL DR
 HUDSON FL 34667

00071802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2988968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BORDIAS GRACE-ART
12705 RIVER MILL DR
SPRING HILL FL 34608

*Spelling and
 address
 incorrect*

7. Name and Address of New Registered Agent

Name

Bordas, Grace, ART

Street Address (P.O. Box Number is Not Acceptable)

12705 River Mill Drive

City

Hudson

FL

Zip Code

34667

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Grace Bordas

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BORDAS, GRACE	
STREET ADDRESS	9997 BLAINE RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCGROGAN, SUSAN	
STREET ADDRESS	6387 AIRMONT DR.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, KELLY	
STREET ADDRESS	PO BOX 217	
CITY-ST-ZIP	TRILBY FL 33593	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCUTRO,	
STREET ADDRESS	2241 MOON SHADOW RD.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, LUZ	
STREET ADDRESS	7341 ISLE DR.	
CITY-ST-ZIP	PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT,	
STREET ADDRESS	3815 NORTHGREEN AVE APT 3405	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bordas, Grace	
STREET ADDRESS	12705 River Mill Drive	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edinger, Sharon	
STREET ADDRESS	9116 Jasmine Blvd.	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Kelly	
STREET ADDRESS	P.O. Box 217	
CITY-ST-ZIP	Trilby FL 33593	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scutro, Becky	
STREET ADDRESS	2241 Moon Shadow Rd.	
CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salazar, Luz	
STREET ADDRESS	7341 Isle Drive	
CITY-ST-ZIP	Port Richey FL 34655	
TITLE	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grace Bordas

5/1/01 727-869-3900

CR2E037 (10/00)