

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39138

FILED
Jul 01, 2009
Secretary of State

Entity Name: FLORIDA HEALTHY KIDS CORPORATION

Current Principal Place of Business:

661 E. JEFFERSON ST.
2ND FLOOR, FLORIDA BAR ANNEX
TALLAHASSEE, FL 32311

Current Mailing Address:

P.O. BOX 980
TALLAHASSEE, FL 32302

New Principal Place of Business:

661 E. JEFFERSON ST.
2ND FLOOR, FLORIDA BAR ANNEX
TALLAHASSEE, FL 32301

New Mailing Address:

661 E. JEFFERSON ST.
2ND FLOOR, FLORIDA BAR ANNEX
TALLAHASSEE, FL 32301

FEI Number: 59-3032613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBLETO, RICHARD
661 E. JEFFERSON ST.
2ND FLOOR, FLORIDA BAR ANNEX
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SINK, ALEX
Address: PLAZA LEVEL THE CAPITAL
City-St-Zip: TALLAHASSEE, FL 32399

Title: D () Delete
Name: MARCUS, DAVID MD
Address: 19615 SOUTH STATE ROAD #7, STE. 32
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: MILLEN, RAYBIN
Address: 3000 SOUTH OCEAN DRIVE, #920
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: CARD, CHRISTOPHER
Address: 2805 WEST SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CHIARO, JOSEPH MD
Address: 4052 BALD CYPRESS WAY BIN A06
City-St-Zip: TALLAHASSEE, FL 32399

Title: D () Delete
Name: FUHRMAN, CLINT
Address: 2727 MAHAN DRIVE, MS #2
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: AUSLEY, LORANNE
Address: 661 E JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VIAMONTE ROS, ANA MD
Address: 4025 ESPLANDE WAY
City-St-Zip: TALLAHASSEE, FL 32399

Title: D (X) Change () Addition
Name: BENSON, HOLLY
Address: 2727 MAHAN DRIVE, MS #1
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIDDER, BETH
Address: 2727 MAHAN DRIVE, MS #2
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A ROBLETO

RA

07/01/2009

Electronic Signature of Signing Officer or Director

Date