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Mar 18 1998 8:00am
Secretary of State

NONPROFIT "CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44488 (7)

1. Corporation Name

THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2715 N AUSTRALIAN AVE
STE 101
W PALM BCH FL 33407
US

2715 N AUSTRALIAN AVE
W PALM BCH FL 33407
US

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

65-0291166

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

26

30

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEEHAN III, THOMAS A
6T25 N FLAGLER DR
9TH FLOOR
W PALM BCH FL 33402

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SHEEHAN III, THOMAS A
STREET ADDRESS 625 N FLAGLER DR 9TH FLOOR
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE Chairman ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME THOMAS, WALE
STREET ADDRESS 2715 S DIXIE HWY
CITY-ST-ZIP W PALM BCH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 STREET ADDRESS 4000 PGA Blvd., Suite 900
2.3 CITY-ST-ZIP Palm Beach Gardens, FL 33410-9680

TITLE D ☐ DELETE
NAME BADESCH, SCOTT
STREET ADDRESS 2600 QUANTUM BLVD
CITY-ST-ZIP BOYNTON BCH FL

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MONTGOMERY, KEN
STREET ADDRESS 600 S DIXIE HWY
CITY-ST-ZIP W PALM BCH FL

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Thomas A. Sheehan III

2/17/98

561-659-7500

Date

Daytime Phone # 0041286

DP2E037 (10/97)