FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001601 (4)

1. Corporation Name
SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSO CIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8941 S.W. 150TH CT. CIRCLE EAST MIAMI FL 33196	8941 S.W. 150TH CT. CIRCLE EAST MIAMI FL 33196

3. Date Incorporated or Qualified: 04/07/1993
3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0429129 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHMAN, LEWIS W
9130 S. DADELAND BLVD.
TWO DATRAN CENTER, SUITE 1121
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	CALTHIRST, ELIZABETH A	12 NAME	DIANE EVANGELISTA	
STREET ADDRESS	900 NW 17 ST	13 STREET ADDRESS	Diane Evangelista	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	PED	21 TITLE	PED	☑ Change ☐ Addition
NAME	GOODALL, MARSHA	22 NAME	VIRGINIA DE LA TORRIENTE	
STREET ADDRESS	8900 N KENDALL DR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	MORALES, MARY JO	32 NAME	ANGELA VICKERS	
STREET ADDRESS	17300 NW 7TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BERSON, BETTY	42 NAME		
STREET ADDRESS	8941 SW 150TH CT, CIRCLE EAST	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	PPD	51 TITLE	PPD	☑ Change ☐ Addition
NAME	ORTIZ, SILVIA	52 NAME	MARSHA GOODALL HOOD	
STREET ADDRESS	3663 S. MIAMI AVE	53 STREET ADDRESS	1400 NW 12 AVE.	Marsha Goodall Hood
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	PAYNE, MARSHA	62 NAME	ELIZABETH CALTHIRST	
STREET ADDRESS	950 NW 20TH ST	63 STREET ADDRESS	900 NW 17 St	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	MIAMI, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marsha Goodall Hood 6-1-95 (305) 325-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046282