FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

(1)

FILED
96 SEP -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001601 (4)

1. Corporation Name

SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

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: 08/03/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0429129 ☐ 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

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 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 _____ 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 ITEM 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EVANGELISTA, DIANE ~~900 NW 17 ST~~ 3271 NW 96 WAY ~~MIAMI FL~~ SUNRISE, FL 33351	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Virginia dela Torriente Virginia M dela Torriente ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED DE LA TORRIENTE, VIRGINIA 8900 N KENDALL DR MIAMI FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PED MARIO PEREZ ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VICKERS, ANGELA 17300 NW 7TH AVE MIAMI FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD JENISE SPIL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERSON, BETTY 8941 SW 150TH CT, CIRCLE EAST MIAMI FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	000001949970 -09/18/96--01015--013 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD HOOD, MARSHA GOODALL 1400 NW 12THA VE4 MIAMI FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	PPD DIANE EVANGELISTA 3271 NW 96 WAY SUNRISE, FL 33351 Diane Evangelista ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALTHRIST, ELIZABETH 900 NW 17TH ST MIAMI FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D MARSHA GOODALL HOOD 1400 NW 12TH AVE MIAMI, FL 33136 ☑ Change ☐ Addition

CR2E037 (12/95)

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: Diane Evangelista 6/24/96 (305)674-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE EVANGELISTA

(2)

SFHIMA
SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION

AFFILIATED WITH FHIMA AND AHIMA

June 24, 1996

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: South Florida Health Information Management Association, Inc.
Document #N93000001601 (4)

Dear Sir of Madam:

Enclosed please find the South Florida Health Information Management Association, Inc. 1996/1997 Annual Report as required by the State of Florida. Also enclosed is a summarization of the educational programs and events in which the association participated from July 1, 1995 through June 30, 1996.

As there was insufficient space on the reporting form, please add the following name as the seventh member of our Board of Directors:

Director (D)
Josephine Gordon
8399 Boca Rio Drive
Boca Raton, FL 33433

If you have any questions, please feel free to contact me at (305) 674-2320.

Sincerely,
Diane Evangelista, RRA
Diane Evangelista, RRA
Past President, SFHIMA

DE/djm
cc: Virginia dela Torriente, RRA
President, SFHIMA