FILE NOW: FILING FEE IS $61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

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

4. FEI Number: 65-0429129 ☐ Applied For ☐ Not Applicable

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

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 ______________________
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TORRIENTE, VIRGINIA DELA		1.2 NAME	MARIO A PEREZ III	
STREET ADDRESS	6650 NW 40TH ST		1.3 STREET ADDRESS	1251 SW 138 CT	
CITY-ST-ZIP	VIRGINIA GARDENS FL		1.4 CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	PED	☒ DELETE	2.1 TITLE	PED	☒ Change ☐ Addition
NAME	PEREZ, MARIO		2.2 NAME	LINDA STANIC	
STREET ADDRESS	1251 SW 138TH CT		2.3 STREET ADDRESS	1621 SW 105 LANE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERSON, BETTY		3.2 NAME		
STREET ADDRESS	8941 SW 150TH CT, CIRCLE EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	4.1 TITLE	PPD	☒ Change ☐ Addition
NAME	EVANGELISTA, DIANE		4.2 NAME	VIRGINIA DE LA TORRIENTE	
STREET ADDRESS	3271 NW 96 WAY		4.3 STREET ADDRESS	6650 NW 40 STREET	
CITY-ST-ZIP	SUNRISE FL 33351		4.4 CITY-ST-ZIP	VIRGINIA Gardens, FL 33166	
TITLE	D	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	FORTUNA BARBARA A		5.2 NAME	JAN MORAT	
STREET ADDRESS	19113 EAST LAKE DAVE		5.3 STREET ADDRESS	265 HAMMOND DRIVE	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI SPRINGS, FL	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Bridget R. JONES	
STREET ADDRESS			6.3 STREET ADDRESS	22003 SW 100 PLACE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33190	

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: Mario A. Perez III [illegible] 305-235-[illegible]

CR2E037 (10/97)