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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001601**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0429129 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 12		
TITLE	PPD	☒ DELETE	1.1 TITLE	PE	☒ Change ☐ Addition
NAME	DE LA TORRIENTE, VIRGINIA		1.2 NAME	Magunagoicoechea, Iliana	
STREET ADDRESS	6650 NW 40TH ST		1.3 STREET ADDRESS	6113 NW 181 Terr, Circle South	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166		1.4 CITY-ST-ZIP	Miami FL 33015	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	PEREZ, III M		2.2 NAME	CUST, Elton	
STREET ADDRESS	1251 SW 138TH CT		2.3 STREET ADDRESS	1710 N. 52 Ave.	
CITY-ST-ZIP	MIAMI FL 33184		2.4 CITY-ST-ZIP	Hollywood, FL. 33021	
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	PED	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	STANR, LINDA		4. 2 NAME	Stanic, Linda	
STREET ADDRESS	1621 SW 105TH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORAT, JAN		5.2 NAME		
STREET ADDRESS	265 HAMMOND DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☒ Addition
NAME	JONES, BRIDGET R.		6.2 NAME	Fortuna, Barbara	
STREET ADDRESS	22003 SW 100TH PLACE		6.3 STREET ADDRESS	19113 East Lake DR.	
CITY-ST-ZIP	MIAMI FL 33190		6.4 CITY-ST-ZIP	Miami, FL. 33015	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Linda Stanic 1/12/99 (305)6944815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President