2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90059 040 ****61.25

DOCUMENT # N93000001601

1. Entity Name

SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSO

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

952911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISHMAN, LEWIS W 9130 S. DADELAND BLVD. TWO DATRAN CENTER, SUITE 1121 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MAGUNAGOICOECHEA, ILIANA 6113 NW 181 TERR. CIR. SOUTH MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jan Morat 265 Hammond Drive Miami FL 33166	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUST, ELTON 1710 N. 52 AVE. HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Beck, Peggy 10821 S.W. 125th Avenue Miami FL 33186-3742	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERSON, BETTY 8941 SW 150TH CT, CIRCLE EAST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Betty Berson 8941 SW 150th Ct., Circle East Miami Fl. 33196	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STANIC, LINDA 1621 SW 105TH LANE DAVIE FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ordway, Catherine 3809 NW 65th Ave, Apt.1 Miami, FL 33166	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORAT, JAN 265 HAMMOND DR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dela Torriente, Virginia 1630 S.E. 14th Street Ft. Lauderdale, FL 33316	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTUNA, BARBARA 19113 E. LAKE DR. MIAMI FL 33015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Garcia, Frank 445 S.W. 11th St., #203 Miami, FL., 33130	☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan Morat EQUUAL. Morat 4/15/01 (305)887-7972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #