2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90111 020 ****61.25

DOCUMENT # N93000001601

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12895 SW 17th Street	12895 SW. 17 th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33175 Country: USA	Zip: 33175 Country: USA

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: GEYGA Reyes Street Address (P.O. Box Number is Not Acceptable): 12895 S.W. 17 th Street City: Miami **FL** Zip Code: 33175

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: Geyga Reyes GEYGA REYES 04/20/02
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE BECK, PEGGY 10821 SOUTHWEST 125TH AVE MIAMI FL 33136-3742	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERSON, BETTY 8941 SW 150TH CT, CIRCLE EAST MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELA TORRIENTE, VIRGINIA 1630 SOUTHEAST 14TH STREET FORT LAUDERDALE FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Lugo 17054 N.W 60 ct Miami FL 33015 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORAT, JAN 265 HAMMOND DR MIAMI FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Florida Penalta 1900 W. 68th Street E 206 Hialeah FL 33014 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, FRANK 445 SOUTHWEST 11TH STREET #203 MIAMI FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: GEYGA REYES Geyga Reyes 04/20/02 (305) 227-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #