2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# N93000001601

Entity Name: SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

15755 S.W. 297TH TERRACE
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 900862
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 65-0429129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WORSLEY, MARY
15755 S.W. 297TH TERRACE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WORSLEY, MARY
Address: 15755 SW 297 TERR
City-St-Zip: HOMESTEAD, FL 33033 US

Title: PE
Name: BULLARD, ALVIN
Address: 4761 NW 11 AVENUE
City-St-Zip: MIAMI, FL 33127 US

Title: PP
Name: FREEMAN, JOI
Address: 6361 N FALLS CIRCLE D
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: D
Name: LACY, SANDRA
Address: 7505 MCKINLEY STREET
City-St-Zip: HOLLYWOOD, FL 33180 US

Title: T
Name: CONEY, SHIRLEY
Address: 18750 NW 19 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: S
Name: SHYNER, LINDA
Address: 21376 MARINA COVE CIRCLE
City-St-Zip: MIAMI, FL 33180 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY WORSLEY P 02/16/2012

Electronic Signature of Signing Officer or Director Date