2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State
09-02-2003 90180 037 ****61.25

DOCUMENT # N93000001601

1. Entity Name

SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12895 SW 17TH STREET MIAMI FL 33175	12895 SW 17TH STREET MIAMI FL 33175
2727 Pinewood Ct (RB)	2727 Pinewood Ct. (RB)
2. Principal Place of Business: ~~19685 N.W. 62 Ct~~ (RB)	3. Mailing Address: ~~19685 N.W. 62 Ct~~
Suite, Apt. #, etc.: Davie, FL	Suite, Apt. #, etc.: Davie (RB)
City & State: ~~Hialeah, FL~~ (RB)	City & State: ~~Hialeah~~ FL (RB)
Zip: 33328 ~~33015~~ (RB) Country: USA	Zip: 33328 ~~33015~~ (RB) Country: U.S.A.

CHECK HERE IF MAKING CHANGES

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

REYES, GEYGA
12895 SW 17TH STREET
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: ~~Yuette Castillo~~ Roberta Beavers
Street Address (P.O. Box Number is Not Acceptable): 2727 Pinewood Ct
~~19685 N.W. 62 Ct~~ (RB) 33328 (RB)
City: ~~Hialeah~~, Davie (RB) FL Zip Code: ~~33015~~

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ~~X Yuette Castillo, Treasurer~~ X Roberta Beavers, President DATE: 8/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida 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	ROBERTA BEAVERS - President 2727 Pinewood Ct Davie, FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE BECK, PEGGY 10821 SOUTHWEST 125TH AVE MIAMI FL 33136-3742	☑ Delete	Jill Finkelstein - President Elect 6024 N.W. 45th Way Coconut Creek FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BERSON, BETTY 8941 SW 150TH CT, CIRCLE EAST MIAMI FL 33196	☑ Delete	Yuette Castillo, Treasurer 19685 NW 62 Ct Hialeah, FL 33015	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUGO, DAVID 17054 NW 60 CT. MIAMI FL 33015	☑ Delete	Susan O. Torzewski - Secretary 5900 S.W. 39th Court Davie FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PENALTA, FLORIBEL 1900 WEST 68TH STREET EAST, 206 HIALEAH FL 33014	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, FRANK 445 SOUTHWEST 11TH STREET #203 MIAMI FL 33130	☑ Delete		☐ Change ☐ Addition

CR2E037 (4/03)

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: ~~Roberta Beavers~~ SIGNATURE REQUIRED 8/29/03 954-292-8382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR