

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004915 (4)**

1. Corporation Name

ASSOCIATION OF HEALTHCARE MANAGERS INC.

Principal Place of Business

Mailing Address

**10099 SEMINOLE BLVD.
SUITE B-2
SEMINOLE FL 34642**

**10099 SEMINOLE BLVD.
SUITE B-2
SEMINOLE FL 34642**

FILED

97 FEB 13 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business 21 P.O. Box 314 Suite, Apt. #, etc. 22 City & State 23 Largo, Florida Zip 24 33719 Country 25 USA	2a. Mailing Address 26 P.O. Box 314 Suite, Apt. #, etc. 27 City & State 28 Largo, Florida Zip 29 33719 Country 30 USA
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3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 04/05/1995
4. FEI Number 59-3248894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SLOAN, MARSHA
10099 SEMINOLE BLVD.
SUITE B-2
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name Wanda D. Harris
82 Street Address (P.O. Box Number if Not Acceptable) 1620 Taylor Lake Circle
83
84 City Largo, FL
85 Zip Code 33718

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 **Wanda D. Harris CHM** DATE **6-24-96**
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 NAME STREET ADDRESS CITY - ST - ZIP	D SLOAN, MARSHA 10099 SEMINOLE BLVD STE B2 SEMINOLE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Harris Wanda D 1620 Taylor Lake Circle Largo, FL 33718 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALFANT, LINDA 9375 SEMINOLE BLVD SEMINOLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Stephany Ruth 9311 Seminole Blvd Ste D Seminole, FL 34612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAC, MARGARET 1300 CHESTERFIELD DR CLEARWATER FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002090354--4 -02/18/97--01031--003 ***236.25 ***236.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Wanda D. Harris** DATE: **6-24-96**
Signature, typed or printed name of signing officer or director

CFR2037 (3/96)