## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandri B. Mortham Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400004915

ASSOCIATION OF HEAUTHCARE MANAGERS INC.

Principal Place of Business

Mailing Address

FILED Aug 05 1997 8:00am Secretary of State

P. D	Box 314	P.O. Box 31	4		
	5 FL 33779	LARGO, FL			
FV-04	5,76 5711		•	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		59 - 3310524	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, ☐ Yes      No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
1000	A MALFANT Pa Seminole ninole, FL		81 Name 82 Street A 83	ddress (P.O. Box Number is Not Acceptab	ole)
No.	nda) Malla	nt	84 City		FL 85 Zip Code
11. Pursuant te	o the provisions of Sections 517.0502	and 617.1508, Florida Statul	tes, the above-named of	corporation submits this statement for the poration's board of directors. I hereby accept	
agent. i an	n familiar with and accord the oblina	of Florida. Such change was tions of, Soction 617.0503, Fl	authorized by the corporida Statutes.	oration's board of directors. Fhereby accep	of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ap-	t and title in phicable. (NOT	F.: Registered Agent signature r	equired when reinstaling)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TOTLE	LINDA MALFANT	. PRGS DELETE	1.1 TITLE		Change Addition
NAME	10099 Semino	le Blud 13-2	1.2 NAME		
STREET ADDRESS City-St-Zip	Seminole, FL	33772(D	1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	LINOA Gustufia	SEC. DELETE	2.1 TITLE		☐ Change ☐ Additio
NAME	LINOR GUSTUFEDA		2.2 NAME		
STREET ADDRESS	890 611 ST S BTP ETCLSAME, FL	33701 ( 1)	2.3 STREET ADDRESS		•
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	Ruth Stephany	TREAS . LI DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME _	9411 Seminole B	(4)	3.2 NAME . T		,
STREET ADDRESS	SEMINOUR, FL 3		3.3 STALET ADDRESS		
CITY-ST-ZIP TITLE	Seminotal, Fe B	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<del> </del>	Change Addition
NAME		_ Million	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME	<b>\</b>	06
STREET ADDRESS			5.3 STRFET ADDRESS		Vro.
CITY-ST-ZIP	- 0 - 0		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE.	-	☐ Change ☐ Addition
NAME			6.2 NAME	1000022! -08/06/97010	58821
STREET ADDRESS			6.3 STREET ADDRESS	-08/06/97010	J07025
CITY-ST-ZIP			6.4 CHY-ST-ZIP	***61.25	
information I am an of	n indicated on this armual report or su	applemental annual report is t The receiver or trustee empoy	true and accurate and vered to execute this re	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega sport as required by Chapter 617, Florida S	al ellect as il made under oath; tha