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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004915

1. Corporation Name
ASSOCIATION OF HEALTHCARE MANAGERS INC.

Principal Place of Business
P.O. BOX 314
LARGO FL 33779

Mailing Address
P.O. BOX 314
LARGO FL 33779

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/04/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~59-0240094~~ 59-3310524 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
MALFANT, LINDA
10099 SEMINOLE BLVD.
B-2
SEMINOLE FL 33772

10. Name and Address of New Registered Agent
81 Name: DIANE FRANKLIN
82 Street Address (P.O. Box Number is Not Acceptable): 10225 ULMERTON RD, #1A
83
84 City: LARGO FL 85 Zip Code: 33771

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: x [signature] x 3-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PRES D ☐ Change ☒ Addition
NAME	MALFANT, LINDA	1.2 NAME	DIANE FRANKLIN
STREET ADDRESS	10099 SEMINOLE BLVD., B-2	1.3 STREET ADDRESS	10225 ULMERTON RD, #1A
CITY-ST-ZIP	SEMINOLE FL 33772	1.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	TD ☒ DELETE	2.1 TITLE	VICE PRES D ☐ Change ☒ Addition
NAME	STEPHANY, RUTH	2.2 NAME	George Smetzer
STREET ADDRESS	9911 SEMINOLE BLVD., STE. D	2.3 STREET ADDRESS	1121 OVERCASH DR
CITY-ST-ZIP	SEMINOLE FL 34642	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PD ☒ DELETE	3.1 TITLE	SEC. D ☐ Change ☒ Addition
NAME	MALFANT, LINDA	3.2 NAME	Bernice Boyle
STREET ADDRESS	880 ST. S	3.3 STREET ADDRESS	11427 114th AV N
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	LARGO, FL 33778
TITLE	☐ DELETE	4.1 TITLE	TREAS. D ☐ Change ☒ Addition
NAME		4.2 NAME	PAT FURNARI
STREET ADDRESS		4.3 STREET ADDRESS	5800 49th ST N, S-109
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St PETERSBURG, FL 33709
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: x [signature] x 3-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)