

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002711

FILED
Apr 20, 2007
Secretary of State

Entity Name: FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

Current Principal Place of Business:

1600 SW ARCHER ROAD, STE. N1-2
GAINESVILLE, FL 326100185

New Principal Place of Business:

1600 SW ARCHER ROAD
GAINESVILLE, FL 326100185

Current Mailing Address:

P.O. BOX 100185
GAINESVILLE, FL 326100185

New Mailing Address:

FEI Number: 59-3563965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, LINDA
1600 SW ARCHER ROAD, STE. N1-2
GAINESVILLE, FL 326100185 US

Name and Address of New Registered Agent:

STALLINGS, LINDA
101 S. NEWELL DRIVE
SUITE 4108
GAINESVILLE, FL 326100185 US

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:

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANK, ROBERT G PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185 US

Title: DV () Delete
Name: ROZENSKY, RONALD H PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: STD () Delete
Name: ROSENBK, JOHN C PH.D
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D () Delete
Name: BARRETT, DOUGLAS J MD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D () Delete
Name: POPPELL, ED
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D () Delete
Name: STALLINGS, LINDA W
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BAUER, RUSSELL M PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ASHKANAZI, GLENN S PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA W. STALLINGS

RA

04/20/2007

Electronic Signature of Signing Officer or Director

Date