

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002711

FILED
Feb 12, 2008
Secretary of State

Entity Name: FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

Current Principal Place of Business:

1600 SW ARCHER ROAD
GAINESVILLE, FL 326100185

New Principal Place of Business:

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

Name and Address of New Registered Agent:

BURNE, ANDREA M
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: ANDREA M. BURNE

02/12/2008

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: BAUER, RUSSELL M 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: ASHKANAZI, GLENN S PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRI, MICHAEL G PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANDREA M. BURNE

D

02/12/2008

Electronic Signature of Signing Officer or Director

Date