

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034523

FILED  
Apr 24, 2011  
Secretary of State

**Entity Name:** HERNANDO COUNTY PROVIDERS ASSOCIATION INC.

**Current Principal Place of Business:**

10495 COUNTY LINE RD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

10495 COUNTY LINE RD.  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 20-8204548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLAHA, KAREN  
10495 COUNTY LINE RD.  
SPRING HILL, FL 34609 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLAHA, KAREN  
Address: 10495 COUNTY LINE RD.  
City-St-Zip: SPRING HILL, FL 34609

Title: VP  
Name: REISS, ERIN  
Address: 4067 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34608

Title: T  
Name: FEHLHABER, JANET  
Address: 475 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609

Title: S  
Name: JOBMANN, CHRISTY  
Address: 421 NESSLER WAY  
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN G BLAHA

P

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date