

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060559

Entity Name: FHVA, INC.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

3450 EAST FLETCHER AVENUE
STE. 110
TAMPA, FL 33613 US

Current Mailing Address:

3450 EAST FLETCHER AVENUE
STE. 110
TAMPA, FL 33613 US

New Principal Place of Business:

3000 MEDICAL PARK DR
STE 500
TAMPA, FL 33613 US

New Mailing Address:

3000 MEDICAL PARK DR
STE 500
TAMPA, FL 33613 US

FEI Number: 59-3392564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 SOUTH MAGNOLIA ST., STE. 100
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLEIN, KEVIN L.
Address: 16918 CANDELEDA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: VPS () Delete
Name: SMITH, JAMES O MD.
Address: 10531 HOMESTEAD DR.
City-St-Zip: TAMPA, FL 33618

Title: VPT () Delete
Name: PASCUAL, EDWARD E
Address: 13606 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: KEVIN L KLEIN

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date