

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001601

Entity Name: SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

15755 S.W. 297TH TERRACE
HOMESTEAD, FL 33033

Current Mailing Address:

PO BOX 900862
HOMESTEAD, FL 33090 US

FEI Number: 65-0429129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORSLEY, MARY
15755 S.W. 297TH TERRACE
HOMESTEAD, FL 33033 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: MARY WORSLEY

03/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MOULTRIE, CASSANDRA M.
Address 7950 NE BAYSHORE CT
PH4
City-State-Zip: MIAMI FL 33138

Title PE
Name MOULTRIE, CASSANDRA
Address 7950 NE BAYSHORE CT,PH4
City-State-Zip: MIAMI FL 33138

Title PP
Name CONEY, SHIRLEY
Address 18750 NW 19 AVE
City-State-Zip: MIAMI GARDENS FL 33056

Title D
Name CAIN, JOANN
Address 9382 SW 184 TERR
City-State-Zip: CUTLER BAY FL 33138

Title T
Name WORSLEY, MARY
Address 15755 SW 297 TERR
City-State-Zip: HOMESTEAD FL 33033

Title D
Name BAKER, ERMISE
Address 9880 SHERIDAN STREET. #105
City-State-Zip: PEMBROKE PINES FL 33024

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

SIGNATURE: MARY WORSLEY

TREASURER

03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date