

2014 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: Yes

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CARRERAS, LESLY
Address 6700 SW 64 PLACE
City-State-Zip: MIAMI FL 33143

Title PE
Name CONEY, SHIRLEY
Address 18750 NW 19 AVENUE
City-State-Zip: MIAMI FL 33056

Title PP
Name WORSLEY, MARY
Address 15788 SW 297 TERR
City-State-Zip: HOMESTEAD FL 33032

Title D
Name LACY, SANDRA
Address 7505 MCKINLEY STREET
City-State-Zip: HOLLYWOOD FL 33180

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

Title S
Name SHYNER, LINDA
Address 21376 MARINA COVE CIRCLE
City-State-Zip: MIAMI FL 33180

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

PP

03/02/2014

Electronic Signature of Signing Officer/Director Detail

Date