2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2015
Secretary of State
CR9763412107

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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 10/09/2015

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 TREASURER 10/09/2015

Electronic Signature of Signing Officer/Director Detail — Date