2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90079 016 ****61.25

DOCUMENT # 765370

1. Entity Name

THE LOCAL HEALTH COUNCIL OF EAST CENTRAL FLORIDA

Principal Place of Business	Mailing Address
1155 S SEMORAN BLVD. STE 1111 WINTER PARK FL 32792-505 US	1155 S SEMORAN BLVD. STE 111 WINTER PARK FL 32792-505 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2227752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIETER CARLTON ACTING DIRECTOR
1155 S SEMORAN BLVD
1111
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: Matthews S. Bavadsky, Executive Director
Street Address (P.O. Box Number is Not Acceptable): 1155 S. Semoran Blvd
Suite 1111
City: Winter Park **FL** Zip Code: 32792

8. 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 _____ 1.5.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GANT, GEORGE M.D. 1875 BOGGY CREEK RD KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Maura LeCroy 5040 Fawn Ridge Rd Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTER, LYNDA V 710 W COLONIAL DRIVE #201 ORLANDO FL 32804-7309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman Lize Kalashian 1414 Kuhl Avenue, MP 56 Orlando, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, LOTTE P 1214 BANANA RIVER DRIVE INDIAN HARBOUR BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Robert Klaus 723 Autum Glen Dr. Melbourne, FL 32940	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITAKER, JIM 400 E SHERIDAN MELBOURNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Aaron Liberman, ph. D. 4419 Saddleworth Cir. Orlando, FL 32826	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUGHES, JAY M 1315 SUNSET DRIVE, WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brian Lunch 4251 Stack Blvd Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dianne Marcum 5801 Banana River Blvd #953 Cape Canaveral, FL 32920	☐ Change ☒ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S/Matthew Bavadsky REQUIRED 1.5.01 407-671-2005x245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment- 704734
Doc# 765370

The LOCAL HEALTH COUNCIL of East Central Florida, Inc.
BOARD OF DIRECTORS
Appointment & Rotation Schedule

County	Positions	Name	CLASSIFICATION: Health Care Provider	Health Care Purchaser	Health Care Consumer	Health Care Consumer
Brevard	3	Member Name/Address	**Mr. Brian Lynch** **Work:** Mariner Health of Atlantic Shores 4251 Stack Blvd., Melbourne, FL 32901 (321) 953-2219 **Fax:** 321.953.2002 **E-Mail:** brianlynchl@netscape.net		**Ms. Dianne Marcum** **Home:** 5801 N. Banana River Blvd., #953 Cape Canaveral, FL 32920 (321) 868-0075 **Fax:** (321) 868-3006 **E-Mail:** dm-fla@att.net	**Robert Klaus, Secretary** **Home:** 723 Autumn Glen Drive Melbourne, FL 32940 (321) 255-2615 **Fax:** (321) 255-2616 **E-Mail:** IMPROVE@TMN.COM
		Term Expires	September 30, 2002		September 30, 2002	September 30, 2002
Orange	6	Member Name/Address	**Ms. Lize Kalashian, Vice Chairman** **Work:** Orlando Regional Healthcare 1414 Kuhl Ave., MP56 Orlando, FL 32806 (407) 841-5111 Ext. 5521 **FAX** (407) 423-3204 **E-mail:** Ekalashi@orhs.org **Home:** 313 Jeannie Jewel Drive Orlando, FL 32806 **E-mail:** meander1@mindspring.com	**Ms. Pam Steinke** **Work:** Orange County Health and Family Services 101 Westmoreland Avenue Orlando, FL 32805 (407) 836-9224 Fax: (407) 836-9244 E-Mail: Pam.Steinke@co.orange.fl.us	**Aaron Liberman, Ph.D., Treasurer** **Work:** University of Central Florida College of Health & Pub. Aff. (407) 823-3264 **Fax:** (407) 823-3464 **E-Mail:** aliberma@mail.ucf.edu **Home:** 4419 Saddleworth Cir. Orlando, FL 32826-4122 (407) 282-7357	**Maura LeCroy** **Work:** (407) 830-9333 **Cell:** (407) 463-6920 **Fax:** (407) 830-8376 **Home:** 5040 Fawn Ridge Road Orlando, Florida 32819 (407) 294-7098 **E-Mail:** maralecroy@aol.com
		Term Expires	September 30, 2002	November 30, 2002	September 2002	September 30, 2001
		Member Name/Address	**David Johnson** **Work:** Central Florida Medical Society, Inc. P.O. Box 608761 Orlando, FL 32860-8761 (407) 719-9723 **FAX:** (407) 299-3031 **E-Mail:** regionalmedical@aol.com			***VACANT***
		Term Expires	September 30, 2002			November 30, 2002
Osceola	1	Member Name/Address	**George A. Gant, MD, Chairman** **Work:** Osceola County Health Dept. 1875 Boggy Creek. Rd.,Kiss.,FL 34744 (407) 343-2000 **FAX:** (407) 343-2002 **E-Mail:** George_Gant@doh.state.fl.us **Home:** 9 Glendale Dr., Kiss.,FL 34744 (407) 846-6045			
		Term Expires	September 30, 2002			
Seminole	2	Member Name	**Jennifer Bencie, MD** **Work:** Seminole County Health Dept. 400 W. Airport Blvd. Sanford, FL 32771 (407) 665-3000, X 3200 **FAX:** (407) 665-3213 **E-Mail:** Jennifer_Bencie@doh.state.fl.us	**Matt Davies, CEO** **Work:** United Health Care of Florida, Inc. 800 N. Magnolia Ave., Suite 600 (407) 428-2303 Fax: (407) 423-2232 E-Mail: Mdavies@uhc.com		
		Term Expires	September 30, 2002	November 30, 2002		