

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765370

FILED
Jan 04, 2012
Secretary of State

Entity Name: THE LOCAL HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2461 W STATE RD 426
SUITE 2041
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2461 W STATE RD 426
SUITE 2041
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2227752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEACH, KEN
2461 W STATE RD 426
SUITE 2041
OVIEDO, FL 32765 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

OFFICERS AND DIRECTORS:

Title: C
Name: JOHNSON-CORNETT, BELINDA
Address: 1875 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: S
Name: HOWARD, KARRIE
Address: 1570 PALMSTONE DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: T
Name: FRANCOIS, MARIE-JOSE M.D.
Address: 2542 FLETCH COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: VC
Name: SYD, MCCALLISTER
Address: 1758 EAST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: D
Name: SLATTERY, LISA
Address: 6450 U.S. HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D
Name: SIEGFRIED, JEAN
Address: 1321 SUFFOLK ROAD
City-St-Zip: WINTER PARK, FL 32789 US

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: BELINDA JOHNSON-CORNETT

C

01/04/2012

Electronic Signature of Signing Officer or Director

_____ Date