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Mar 03 1997 8:00am
Secretary of StateNONPROFIT,
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765400 (7)

1. Corporation Name

NORTHWEST FLORIDA HEALTH COUNCIL, INC.

Principal Place of Business

Mailing Address

2629 WEST 10TH STREET
PANAMA CITY FL 32401-14082629 WEST 10TH STREET
PANAMA CITY FL 32401-14083. Date Incorporated or Qualified
10/14/19823a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number
59-2261787Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTON, ELBERT W
503 N. STEWART ST.
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name Kinzelman, Matthew G., M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
Dir, Okaloosa County Health Dept.
221 Hospital Drive
83 City Ft Walton Beach FL 85 Zip Code 32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Matthew G. Kinzelman, M.D., Chairman

2/14/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME SUTTON, ELBERT W
STREET ADDRESS 503 N. STEWART ST.
CITY-ST-ZIP MILTON FLTITLE VD ☒ DELETE
NAME KRUMEL, VIVIAN
STREET ADDRESS 3920 MONTEINGNE DR.
CITY-ST-ZIP PENSACOLA FLTITLE SD ☒ DELETE
NAME NOBLES, MOLLY
STREET ADDRESS 2835 BAYOU BLVD.
CITY-ST-ZIP PENSACOLA FLTITLE TD ☒ DELETE
NAME FLEET, ROBERT G
STREET ADDRESS RTE. 1, BOX 3800
CITY-ST-ZIP SANTA ROSA BEACH FLTITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME Kinzelman, Matthew G., M.D.
1.3 STREET ADDRESS Okaloosa CHD, 221 Hospital Drive
1.4 CITY-ST-ZIP Ft Walton Beach, FL 325482.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Rosenbleeth, Arnold L.
2.3 STREET ADDRESS 470 Hwy 29, SPO Box 763
2.4 CITY-ST-ZIP Cantonment, FL 325333.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME McLeod, Marshall W., Ed.D.
3.3 STREET ADDRESS 1000 College Blvd.-Pensacola Jr. College
3.4 CITY-ST-ZIP Pensacola, FL 325044.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Schembera, Jeff
4.3 STREET ADDRESS 100 E. College Blvd.
4.4 CITY-ST-ZIP Niceville, FL 325785.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Matthew G. Kinzelman, M.D. 2/14/97 (904-872-4128)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008444

CR2E037 (9/96)