

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **765788** (5)

1. Corporation Name

**HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:36

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2236 ST. JOHNS AVE  
PO BOX 2417 F  
JACKSONVILLE FL 32204-4622

Mailing Address

2236 ST. JOHNS AVE  
PO BOX 2417 F  
JACKSONVILLE FL 32204-4622

3. Date Incorporated or Qualified

11/18/1982

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2247 189

Applied For

Net Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added To Fees

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARMOYEUX, JR., LOUIS J.  
9558 KUHN ROAD  
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LYLE, PAUL
STREET ADDRESS	1435 NALDO AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	DICKINSON, ROSS N
STREET ADDRESS	RT 7, BOX 1549
CITY - ST - ZIP	DELAND FL
TITLE	SP
NAME	LARMOYEUX, LOUIS J., JR
STREET ADDRESS	9558 KUHN RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	EO
NAME	MCGIBONY, JAMES T., M.D.
STREET ADDRESS	4648 BADEN LANE
CITY - ST - ZIP	JAX FL
TITLE	D
NAME	PROKES, JERRY E
STREET ADDRESS	606 ASTURIA
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	ED
NAME	HURRKAMP, FRED J.
STREET ADDRESS	55 N. 3RD ST.
CITY - ST - ZIP	MACCLENNY FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1/31/95 9043816035

Date

Signature (Type)