

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765788 (5)
 1. Corporation Name
HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.



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
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3. Date Incorporated or Qualified 11/18/1982	3a. Date of Last Report 02/03/1995
4. FEI Number 59-2247189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**LARMOYEUX, JR., LOUIS J.
 9558 KUHN ROAD
 JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLE, PAUL	12 NAME	
STREET ADDRESS	1435 NALDO AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, ROSS N	22 NAME	
STREET ADDRESS	RT 7, BOX 1549	23 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	
TITLE	SP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARMOYEUX, LOUIS J., JR	32 NAME	
STREET ADDRESS	9558 KUHN RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	EO <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIBONY, JAMES T., M.D.	42 NAME	
STREET ADDRESS	4848 BADEN LANE	43 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROKES, JERRY E	52 NAME	
STREET ADDRESS	606 ASTURIA	53 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	54 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURRKAMP, FRED J.	62 NAME	
STREET ADDRESS	55 N. 3RD ST.	63 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	64 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **11/30/96** DAYTIME PHONE: **904-581-6835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)