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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, IN C.



Principal Place of Business Mailing Address
2236 ST. JOHNS AVE JACKSONVILLE FL 32204-4622
2236 ST. JOHNS AVE JACKSONVILLE FL 32204-4666

3. Date Incorporated or Qualified 11/18/1982
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 21 2236 St. Johns Ave
22 Suite, Apt. #, etc.
22 City & State Jacksonville FL
23 Zip 32204-4666 Country USA
24 25 26 27 28 29 30

4. FEI Number 59-2247189
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Gerald Glickstein
82 Street Address (P.O. Box Number is Not Acceptable) 2236 St. Johns Ave.
83
84 City Jacksonville FL 85 Zip Code 32204

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 *Gerald Glickstein* 1-7-97
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	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman (C) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYLE, PAUL	1.2 NAME	Gerald Glickstein
STREET ADDRESS	1435 NALDO AVE.	1.3 STREET ADDRESS	2236 St. Johns Avenue
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-Chairman (VC) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, ROSS N	2.2 NAME	Jerome Hallen
STREET ADDRESS	RT 7, BOX 1549	2.3 STREET ADDRESS	4567 St. Johns Bluff Road
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	SP <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARMOYEUX, LOUIS J., JR	3.2 NAME	James Henry
STREET ADDRESS	9558 KUHN RD	3.3 STREET ADDRESS	1200 Riverplace Blvd, Suite 701
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	EO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Executive Director (ED) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGIBONY, JAMES T., M.D.	4.2 NAME	LORI Bilello
STREET ADDRESS	4648 BADEN LANE	4.3 STREET ADDRESS	2236 St. Johns Ave.
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROKES, JERRY E	5.2 NAME	Louis Larmoyeux Jr.
STREET ADDRESS	808 ASTURIA	5.3 STREET ADDRESS	9558 Kuhn Rd.
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	ED <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HURRKAMP, FRED J.	6.2 NAME	
STREET ADDRESS	55 N. 3RD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	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 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Glickstein*

CR2E037 (9/96)