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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765788

1. Corporation Name

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, IN
C.

Principal Place of Business

900 UNIVERSITY BLVD. N
202
JACKSONVILLE FL 32211
US

Mailing Address

900 UNIVERSITY BLVD. N
202
JACKSONVILLE FL 32211
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/18/1982

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

9. Name and Address of Current Registered Agent

GLICKSTEIN, GERALD
525 SHADOW LAKES BLVD
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Lori Bilello
82 Street Address (P.O. Box Number is Not Acceptable)
900 University Blvd. N. Suite 202
83
84 City Jacksonville FL 85 Zip Code 32211

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

Lori A. Bilello

Executive Director

1/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DELETE
NAME D LYLE, PAUL
STREET ADDRESS 1435 NALDO AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
NAME C GLICKSTEIN, GERALD
STREET ADDRESS 2236 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
NAME D LARMOYEUX, LOUIS J., JR
STREET ADDRESS 9558 KUHN RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
NAME VC HALLEN, JEROME
STREET ADDRESS 4567 ST JOHNS BLUFF RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
NAME T HENRY, JAMES
STREET ADDRESS 1200 RIVERPLACE BLVD STE 701
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
NAME ED BILELLO, LORI
STREET ADDRESS 2236 ST JOHNS AVE
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-13-99

904/745-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)