

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # 765788**

1. Entity Name

**HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, IN**

01-19-2001 90028 001 \*\*\*\*61.25

Principal Place of Business <b>900 UNIVERSITY BLVD. N</b> <del>202</del> <b>JACKSONVILLE FL 32211</b> <b>US</b>	Mailing Address <b>900 UNIVERSITY BLVD. N</b> <del>202</del> <b>JACKSONVILLE FL 32211</b> <b>US</b>
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**C0005765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State

City & State

4. FEI Number **59-2247189**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BILELLO, LORI**  
**900 UNIVERSITY ABLVD N**  
**SUITE 202**  
**JACKSONVILLE-FL 32211**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LEDBETTER, LEE</b>	
STREET ADDRESS	<b>2334 BIRDWOOD DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLICKSTEIN, GERALD</b>	
STREET ADDRESS	<b>525 SHADOW LAKES BLVD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LARMOYEUX, LOUIS J., JR</b>	
STREET ADDRESS	<b>9558 KUHN RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>HALLEN, JEROME</b>	
STREET ADDRESS	<b>4567 ST JOHNS BLUFF RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HENRY, JAMES</b>	
STREET ADDRESS	<b>4237 SALISBURY RD #308</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32-2216</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>BILELLO, LORI</b>	
STREET ADDRESS	<b>900 UNIVERSITY BLVD N SUITE 202</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim Mayo</b>	
STREET ADDRESS	<b>1250 S. 18th Street</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

Date **1/8/06** Daytime Phone # **904-745-3050**

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CR2E037 (10/00)