

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90016 004 \*\*\*\*61.25

0003897

**DOCUMENT # 765788**

1. Entity Name

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

Principal Place of Business

Mailing Address

**900 UNIVERSITY BLVD. N  
 STE 110  
 JACKSONVILLE FL 32211  
 US**

**900 UNIVERSITY BLVD. N  
 STE 110  
 JACKSONVILLE FL 32211  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2247189**

Applied For

Not Applicable

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)

**900 University Blvd., N., Suite #110**  
 City **FL** 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 **C**  Delete  
 NAME **LEDBETTER, LEE**  
 STREET ADDRESS **2334 BIRDWOOD DR**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GLICKSTEIN, GERALD**  
 STREET ADDRESS **525 SHADOW LAKES BLVD**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **I**  Delete  
 NAME **HENRY, JAMES**  
 STREET ADDRESS **4237 SALISBURY RD #308**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **T**  Change  Addition  
 NAME **Mayo, Jim L.**  
 STREET ADDRESS **1250 S. 18th Street**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **ED**  Delete  
 NAME **BILELLO, LORI**  
 STREET ADDRESS **900 UNIVERSITY BLVD N SUITE 202**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **900 University Blvd., N., Suite 110**  
 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:

*Lee Ledbetter*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/02*

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE