


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90393 009 \*\*\*\*61.25

**DOCUMENT # 765788**

1. Entity Name  
**HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.**



Principal Place of Business  
 900 UNIVERSITY BLVD, N  
 STE 110  
 JACKSONVILLE, FL 32211 US

Mailing Address  
 900 UNIVERSITY BLVD, N  
 STE 110  
 JACKSONVILLE, FL 32211 US

**24030292**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

02262004 Chg-NP CR2E037 (10/03)

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**

**BILELLO, LORI**  
 900 UNIVERSITY ABLVD N  
 STE 110  
 JACKSONVILLE, FL 32211

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEDBETTER, LEE 2334 BIRDWOOD DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICKSTEIN, GERALD 525 SHADOW LAKES BLVD ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARMOYEUX, LOUIS J., JR 9558 KUHN RD JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVLANTES, TIM 4650 RIVER POINTE RD. WEST JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MAYO, JIM 1250 S 18TH ST FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BILELLO, LORI 900 UNIVERSITY BLVD N STE 110 JACKSONVILLE, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pauline Cloutier 204 Wildwood Dr Edgewater, FL 32132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judy Perkin 4567 St. Johns Bluff, S. Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lori Bilello* **3-11-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #