


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 765788		
1. Entity Name HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.		
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	



02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2247189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LEDBETTER, LEE
STREET ADDRESS	2334 BIRDWOOD DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	S
NAME	CLOUTIER, PAULINE
STREET ADDRESS	204 WILDWOOD DR.
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	D
NAME	PERKIN, JUDY
STREET ADDRESS	4587 ST. JOHNS BLUFF S
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	T
NAME	DAVLANTES, TIM
STREET ADDRESS	4650 RIVER POINTE RD. WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VC
NAME	MAYO, JIM
STREET ADDRESS	1250 S 18TH ST
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	ED
NAME	BILELLO, LORI
STREET ADDRESS	900 UNIVERSITY BLVD N STE 110
CITY-ST-ZIP	JACKSONVILLE, FL

U00000251638
 03/04/05-80059-015 61.25

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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 A. Bilello 2/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #