

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90018 024 \*\*\*\*61.25

QUICK



01262006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 765788</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2247189	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 STE 110 JACKSONVILLE, FL 32211			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDBETTER, LEE		NAME		
STREET ADDRESS	2334 BIRDWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, PAULINE		NAME		
STREET ADDRESS	204 WILDWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32132		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKIN, JUDY		NAME	Linda Merrell	
STREET ADDRESS	4567 ST. JOHNS BLUFF S		STREET ADDRESS	599 John Anderson Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVLANTES, TIM		NAME	Vincent Johnson	
STREET ADDRESS	4650 RIVER POINTE RD. WEST		STREET ADDRESS	655 W. 8th St	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, JIM		NAME		
STREET ADDRESS	1250 S 18TH ST		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILELLO, LORI		NAME		
STREET ADDRESS	900 UNIVERSITY BLVD N STE 110		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 2-16-06		Daytime Phone #	