


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90095 048 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 765788</b>   |  |   |   |                |  |
| 1. Entity Name<br>HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.   |  |   |   |   |  |
| Principal Place of Business<br>900 UNIVERSITY BLVD, N<br>STE 110<br>JACKSONVILLE, FL 32211 US  |  | Mailing Address<br>900 UNIVERSITY BLVD, N<br>STE 110<br>JACKSONVILLE, FL 32211 US |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>59-2247189</b>  |  |
| Zip  | Country  | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent           |   |  |
| BILELLO, LORI<br>900 UNIVERSITY ABLVD N<br>STE 110<br>JACKSONVILLE, FL 32211   |  |   | Name  |   |  |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)    |   |  |
|  |  |   | City  | <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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |   |  |
| SIGNATURE _____<br><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, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |  |   |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LEDBETTER, LEE<br>2334 BIRDWOOD DR<br>ORANGE PARK, FL 32073         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice Chair<br>John Gaillard<br>4738 Avon Lane<br>Jacksonville, FL 32210                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CLOUTIER, PAULINE<br>204 WILDWOOD DR.<br>EDGEWATER, FL 32132        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary<br>Jonnie Grant<br>21 Florida Park Drive<br>Palm Coast, FL 32137                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MERRELL, LINDA<br>599 JOHN ANDERSON DR<br>ORMOND BEACH, FL 32176    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JOHNSON, VINCENT<br>655 W 8TH ST<br>JACKSONVILLE, FL 32209          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | C<br>MAYO, JIM<br>1250 S 18TH ST<br>FERNANDINA BEACH, FL 32034           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ED<br>BILELLO, LORI<br>900 UNIVERSITY BLVD N STE 110<br>JACKSONVILLE, FL | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   | Date <b>3/1/07</b><br><small>Daytime Phone #</small>  |  |