2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 15, 2008 8:00 am

County States County State	ANNOAL REPORT					Sacratary of Stata					
HEALTH PLANNING COUNCIL OF NORTHEAST FUORIDA, INC. Principal Paice of Business 900 UNIVERSITY BLVD, N 5TE 110 JACKSONVILLE, FL 32211 US 2. Principal Paice of Business No P.O. Box # CH-H CESERY BLVD Suite, Apr. #, etc. Suite	1. Entity Name					Secretary of State 02-15-2008 90011 004 ****61.25					
900 LINIVERSITY BLVD, N STE 110 ACKSOMPLIE, R, 32211 US 2. Principal Place of Elasiners - No P.O. Box # C44 CeScry Blvcl Suite, Apr. #, etc. Suit	HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.										
2. Principal Paces of Business - No PO. Box # CHY CESCRY BIVE! SUILE 210 02012008 Chg.NP CRZE037 (12/06)	900 UNIVERSITY BLVD, N		900 UNIVERSITY BLVD, N STE 110				•				
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Norme Norme N	City & State		City & State								
BILELLO, LORI 900 UNIVERSITY ABLVD N STE 110 JACKSONVILLE, FL 32211 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$61.25 Due by May 1, 2008 P. Electron Campaign Financing Trust Fund Contribution. TILE VC GAILLARD, JOHN MAE SIGNATURE FILL ON OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE GAILLARD, JOHN MAE SIRET ADDRESS CITY-S1-2P JACKSONVILLE, FL 32210 TILE SC GRANT, JONNIE SIRET ADDRESS CITY-S1-2P PALM COAST, FL 32137 Dedde MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TILE MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAE SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32176 TILE TO MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034 TILE MAY SIRET ADDRESS CITY-S1-2P ORMOND BEACH, FL 32034	Zio Country			Country							
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Street Address (P.O.) Box married relity 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 Signature	BILELLO, LORI			Name						-	
SIGNATURE 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 or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Department of S	900 UNIVERSIT	Y ABLVD N		Street Ade	Idress (P	O. Box Numbe	r is Not Accepta	ble) Llevare	<i>t</i>		
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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 requirer or thustee 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.

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE, FL

914-321-3501