


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 004 ****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
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2. Principal Place of Business - No P.O. Box # 644 Cesery Blvd Suite, Apt. #, etc. Suite 210	3. Mailing Address 644 Cesery Blvd Suite, Apt. #, etc. Suite 210
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02012008 Chg-NP CR2E037 (12/06)

City & State Jacksonville FL	City & State Jacksonville, FL	4. FEI Number 59-2247189	Applied For <input type="checkbox"/> Not Applicable
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Zip 32211	Country USA	Zip 32211	Country USA
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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)
644 Cesery Boulevard
Suite 210
 City
Jacksonville FL Zip Code
32211

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 *Lori Billello* (NOTE: Registered Agent signature required when reinstating) DATE 2/6/08

Filing Fee is \$61.25
Due by May 1, 2008

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	VC GAILLARD, JOHN 4738 AVON LANE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANT, JONNIE 21 FLORIDA PARK DR PALM COAST, FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, LINDA 599 JOHN ANDERSON DR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, VINCENT 655 W 8TH ST JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 644 Cesery Blvd Suite 210

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: *Jim L. Mayo* **Jim L. Mayo** DATE 2-7-08 DAYTIME PHONE # 904-321-3501