

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765788

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

644 CESERY BLVD  
STE 210  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

644 CESERY BLVD  
STE 210  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number: 59-2247189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILELLO, LORI  
644 CESERY BOULEVARD  
STE 210  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

EMERICK, DAWN  
644 CESERY BOULEVARD  
STE 210  
JACKSONVILLE, FL 32211 US

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.

SIGNATURE: DR. DAWN EMERICK      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: VC      ( ) Delete  
Name: GAILLARD, JOHN  
Address: 4738 AVON LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S      ( ) Delete  
Name: GRANT, JONNIE  
Address: 21 FLORIDA PARK DR  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: MERRELL, LINDA  
Address: 599 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T      ( ) Delete  
Name: JOHNSON, VINCENT  
Address: 655 W 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: C      ( ) Delete  
Name: MAYO, JIM  
Address: 1250 S 18TH ST  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ED      ( ) Delete  
Name: BILELLO, LORI  
Address: 644 CESERY BLVD SUITE 210  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED      (X) Change ( ) Addition  
Name: EMERICK, DAWN  
Address: 644 CESERY BLVD SUITE 210  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DAWN EMERICK      ED      04/27/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date