

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765370

**Entity Name:** THE LOCAL HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC.

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC2685345853**

**Current Principal Place of Business:**

2461 W STATE RD 426  
SUITE 2041  
OVIEDO, FL 32765

**Current Mailing Address:**

2461 W STATE RD 426  
SUITE 2041  
OVIEDO, FL 32765 US

**FEI Number: 59-2227752**

**Certificate of Status Desired: No**

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

PEACH, KEN  
2461 W STATE RD 426  
SUITE 2041  
OVIEDO, FL 32765 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name ROZEK, TOM  
Address 2461 W STATE RD 426  
SUITE 2041  
City-State-Zip: OVIEDO FL 32765

Title T  
Name RANDOLPH, RON  
Address 427 NEW YORK ALLEY  
City-State-Zip: WINTER PARK FL 32789

Title S  
Name HOWARD, KARRIE  
Address 1570 PALMSTONE DRIVE  
City-State-Zip: APOPKA FL 32703

Title VC  
Name STAHL, MARIA  
Address 2725 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

I hereby 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 all other like empowered.

**SIGNATURE: TOM ROZEK**

**CHAIR**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date