

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765370

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

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC2150159155**

**Current Principal Place of Business:**

5931 BRICK COURT  
SUITE 164  
WINTER PARK, FL 32792

**Current Mailing Address:**

5931 BRICK COURT  
SUITE 164  
WINTER PARK, FL 32792 US

**FEI Number: 59-2227752**

**Certificate of Status Desired: No**

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

PEACH, KEN  
5931 BRICK COURT  
SUITE 164  
WINTER PARK, FL 32792 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 VC  
Name VISCO, GERARD  
Address 2725 JUDGE FRAN JAMIESON WAY  
BUILDING B  
City-State-Zip: VIERA FL 32940

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

Title SECRETARY  
Name SCARBROUGH, STEPHANIE  
Address 4740 PILGRIMS WAY  
City-State-Zip: ORLANDO FL 32808

Title TREASURER  
Name TAYLOR, PAULINE  
Address 547 CORTONA DRIVE  
City-State-Zip: ORLANDO FL 32808

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: MARIA STAHL**

**CHAIR**

**01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date