

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765400

**Entity Name:** NORTHWEST FLORIDA HEALTH COUNCIL, INC.

**Current Principal Place of Business:**

431 OAK AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

431 OAK AVENUE  
PANAMA CITY, FL 32401 US

**FEI Number:** 59-2261787

**Certificate of Status Desired:** No

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

HILL, R MICHAEL  
431 OAK AVENUE  
PANAMA CITY, FL 32401 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            PRESIDENT, COO  
Name            HILL, ROBERT M  
Address          431 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title            CFO  
Name            BREWSTER, THOMAS E  
Address          431 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title            SECRETARY  
Name            HUFFMAN, SUSAN  
Address          431 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32401

*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: ROBERT M HILL**

**PRESIDENT/COO**

**06/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date