

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765400

Entity Name: NORTHWEST FLORIDA HEALTH COUNCIL, INC.

Current Principal Place of Business:

403 EAST 11TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

403 EAST 11TH STREET
PANAMA CITY, FL 32401 US

FEI Number: 59-2261787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, R MICHAEL
403 EAST 11TH STREET
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 GERSPACHER, MARK
Address 403 EAST 11TH STREET
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY
Name THOMPSON, ROBERT
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: HILL, ROBERT M

PRESIDENT

06/07/2017

Electronic Signature of Signing Officer/Director Detail

Date