

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765788

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**1414898964CC**

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

**Current Principal Place of Business:**

4201 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4201 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2247189

**Certificate of Status Desired:** No

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

GRICH, SUSAN D  
4201 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32217 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:** SUSAN D GRICH

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name BELL, CHET  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY  
Name BOWERS, WIATT  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name RAULERSON, SHERRIE  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT, CEO  
Name GRICH, SUSAN D  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER  
Name HUBEL, EDWARD  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name MEYER, DAVID  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name BERGMAN, CHERYL DR.  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name NULAND, CHRISTOPHER  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

**Continues on page 2**

*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:** SUSAN GRICH

PRESIDENT/CEO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER, MEMBER AT LARGE  
Name PARRA, JOSEPH DR.  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title CHAIRMAN  
Name SNYDER, ROBERT  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name PONDER-STANSEL, SUSAN  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name BURNAKIS, THOMAS DR.  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217