

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765788

FILED
Apr 17, 2017
Secretary of State
CC6736599833

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:

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA
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 GRICH

04/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER, MEMBER AT LARGE
Name BOWERS, WIATT
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

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

Title PRESIDENT, CEO
Name MCDONALD, DEANNA
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

Title SECRETARY
Name ZAYAS, JOSE DR.
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name GAILLARD, JOHN F
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

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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: DEANNA MCDONALD

PRESIDENT & CEO

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OXFORD, VERONICA
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

Title DIRECTOR
Name SAPIENZA, CHRISTINE DR.
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

Title DIRECTOR
Name VANOSDOL, TOM
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name CAMPBELL, SIEGLINDE
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217