

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765788

FILED
Feb 05, 2021
Secretary of State
0256413302CC

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

02/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
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 PAYNE, ELIZABETH
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 SECRETARY
Name NULAND, CHRISTOPHER
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER AT LARGE
Name SCHUMAKER, BRAD DR.
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 D GRICH

PRES. / CEO

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title MEMBER
Name ROMANIK, MATT ESQ.
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217