

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765788

**FILED
Mar 30, 2014
Secretary of State
CC4014618802**

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

Current Principal Place of Business:

100 NORTH LAURA STREET
SUITE 801
JACKSONVILLE, FL 32202

Current Mailing Address:

100 NORTH LAURA STREET
SUITE 801
JACKSONVILLE, FL 32202 US

FEI Number: 59-2247189

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EMERICK, DAWN DR.
100 NORTH LAURA STREET
SUITE 801
JACKSONVILLE, FL 32202 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 SECRETARY
Name MERRELL, LINDA
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN
Name PONDER-STANSEL, SUSAN
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title VC
Name LOVETT, STEPHEN T
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, CEO
Name EMERICK, DAWN DR.
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name DUNLAVEY, KERRY
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ZAYAS, JOSE DR.
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GAILLARD, JOHN F
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MILLSON, JAY
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

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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: DAWN EMERICK

PRESIDENT & CEO

03/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name JOHNSON, PATRICK
Address 100 NORTH LAURA STREET
 SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LEE, STEPHEN
Address 100 NORTH LAURA STREET
 SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name BELL, CHET
Address 100 NORTH LAURA STREET
 SUITE 801
City-State-Zip: JACKSONVILLE FL 32202