

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 765788

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

FILED
Dec 11, 2014
Secretary of State
CC7280767192

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: No

Name and Address of Current Registered Agent:

MCDONALD, DEANNA
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: DEANNA MCDONALD

12/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER, MEMBER AT LARGE
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 DIRECTOR
Name LOVETT, STEPHEN T
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, CEO
Name MCDONALD, DEANNA
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 TREASURER
Name MILLSON, JAY
Address 100 NORTH LAURA STREET
SUITE 801
City-State-Zip: JACKSONVILLE FL 32202

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: DEANNA MCDONALD

PRESIDENT & CEO

12/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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