

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765788

**FILED  
Feb 22, 2015  
Secretary of State  
CC0702121821**

**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: 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**

**02/22/2015**

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

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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**

**02/22/2015**

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