

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003582

Entity Name: BIG BEND HEALTHCARE COALITION, INC.**Current Principal Place of Business:**2878 MAHAN DR
TALLAHASSEE, FL 32308**Current Mailing Address:**P O BOX 13052
TALLAHASSEE, FL 32317 US**FEI Number:** 47-1378767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ETTORE, ANTHONY J
C/O DISASTERS, STRATEGIES & IDEAS GROUP
2050 CAPITAL CIRCLE NE, SUITE D
TALLAHASSEE, FL 32308 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	CHAIRPERSON	Title	VICE-CHAIRPERSON
Name	KIRSCH, HOLLY	Name	DOYLE, PHILIP
Address	C/O DISASTERS, STRATEGIES & IDEAS GROUP P. O. BOX 12333	Address	C/O DISASTERS, STRATEGIES & IDEAS GROUP P. O. BOX 12333
City-State-Zip:	TALLAHASSEE FL 32317-2333	City-State-Zip:	TALLAHASSEE FL 32317-2333
Title	TREASURER	Title	SECRETARY
Name	ABRAMS, CHAD	Name	ALBRITTON, KIMBERLY
Address	DISASTERS, STRATEGIES & IDEAS GROUP P. O. BOX 12333	Address	C/O DISASTERS, STRATEGIES & IDEAS GROUP P. O. BOX 12333
City-State-Zip:	TALLAHASSEE FL 32317-2333	City-State-Zip:	TALLAHASSEE FL 32317-2333

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: CHAD ABRAMS

TREASURER

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date