

**2018 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:**BIST, MICHAEL  
1300 THOMASWOOD DR  
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
Name	KIRSCH, HOLLY
Address	2965 MUNICIPAL WAY
City-State-Zip:	TALLAHASSEE FL 32304

Title	TREASURER
Name	ABRAMS, CHAD
Address	911 EASTERWOOD DR.
City-State-Zip:	TALLAHASSEE FL 32311

Title	VICE-CHAIRPERSON
Name	DOYLE, PHILIP
Address	1300 MICCOSUKEE RD. P. O. BOX 12333
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	PETERS, KEVIN
Address	911 EASTERWOOD DR. P. O. BOX 12333
City-State-Zip:	TALLAHASSEE FL 32311

*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****03/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date