

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

DOCUMENT# N14000003582

**Entity Name:** BIG BEND HEALTHCARE COALITION, INC.**Current Principal Place of Business:**

C/O DISASTERS, STRATEGIES & IDEAS GROUP  
2050 CAPITAL CIRCLE NE, SUITE D  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

C/O DISASTERS, STRATEGIES & IDEAS GROUP  
P. O. BOX 12333  
TALLAHASSEE, FL 32317-2333 US

**FEI Number:** 47-1378767**Certificate of Status Desired:** Yes**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  
Name KIRSCH, HOLLY  
Address C/O DISASTERS, STRATEGIES &  
IDEAS GROUP  
P. O. BOX 12333  
City-State-Zip: TALLAHASSEE FL 32317-2333

Title TREASURER  
Name QUILLIN, TOM  
Address C/O DISASTERS, STRATEGIES &  
IDEAS GROUP  
P. O. BOX 12333  
City-State-Zip: TALLAHASSEE FL 32317-2333

Title VICE-CHAIRPERSON  
Name DOYLE, PHILIP  
Address C/O DISASTERS, STRATEGIES &  
IDEAS GROUP  
P. O. BOX 12333  
City-State-Zip: TALLAHASSEE FL 32317-2333

Title SECRETARY  
Name ALBRITTON, KIMBERLY  
Address C/O DISASTERS, STRATEGIES &  
IDEAS GROUP  
P. O. BOX 12333  
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:** HOLLY KIRSCH

CHAIRPERSON

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date