

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003595

**Entity Name:** VISION IS PRICELESS COUNCIL, INC.

**Current Principal Place of Business:**

4615 PHILIPS HWY SUITE 100A  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4615 PHILIPS HWY SUITE 100A  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3386495

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BUEKER, JAMI G  
4615 PHILIPS HWY SUITE 100A  
JACKSONVILLE, FL 32207 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 BOARD MEMBER  
Name LEVENSON, JEFFREY H DR.  
Address 751 OAK STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32204

Title BOARD MEMBER  
Name SCHWAM, M.D, BRIAN L. DR.  
Address 7500 CENTURION PKWY  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32256

Title BOARD MEMBER  
Name WITT, JR., EDWARD E.  
Address P.O. BOX 1799  
City-State-Zip: JACKSONVILLE FL 32201

Title CHAIRMAN  
Name HASAN, S. AKBAR DR.  
Address 11512 LAKE MEAD AVENUE,  
SUITE 534  
City-State-Zip: JACKSONVILLE FL 32256

Title EXECUTIVE DIRECTOR  
Name BUEKER, JAMI GAFF  
Address 4615 PHILIPS HWY SUITE 100A  
City-State-Zip: JACKSONVILLE FL 32207

Title IMMEDIATE PAST CHAIRMAN  
Name VERDUCCI, ADAM  
Address 4190 BELFORT RD., STE 305  
City-State-Zip: JACKSONVILLE FL 32216

Title BOARD MEMBER  
Name TREADWAY, JOSH  
Address 2263 CLOVELLY LANE  
City-State-Zip: ST AUGUSTINE FL 32092

Title BOARD MEMBER  
Name MONAHAN, SUSAN OD, FAAO  
Address 408 PONTE VEDRA BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

**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:** JAMI BUEKER

**EXECUTIVE DIRECTOR**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEDICAL DIRECTOR  
Name UNKRICH, KELLY MD  
Address 807 CHILDREN'S WAY  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name SCOTT, MEGAN N DR.  
Address 151 SAWGRASS CORNERS DR, SUITE 208  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title BOARD MEMBER  
Name BRADLEY, TONIA  
Address 700 BARRINGTON DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title BOARD MEMBER  
Name LAMELL, PATRICIA  
Address 3650 HOLLY GROVE AVENUE  
City-State-Zip: JACKSONVILLE FL 32217

Title BOARD MEMBER  
Name DUSS, DAWN MD  
Address 245 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name BLACK, CHRIS  
Address 6018 BOWDENDALE AVE  
SUITE 546  
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN ELECT  
Name RILEY, PATRICK  
Address 7865 COLLINS GROVE ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name KIRK, JAMES TYLER  
Address 3898 JEAN ST  
City-State-Zip: JACKSONVILLE FL 32205

Title BOARD MEMBER  
Name WILLIAMS, VONTRECE  
Address 25 N MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name EDMONSTON, SABRIE  
Address 800 PRUDENTIAL DR  
City-State-Zip: JACKSONVILLE FL 32207