

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003595

Entity Name: VISION IS PRICELESS COUNCIL, INC.**Current Principal Place of Business:**3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204**Current Mailing Address:**3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204**FEI Number:** 59-3386495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATTOX, SUSAN F
3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204 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 D
Name TREECE, THOMAS D
Address 4465 BAYMEADOWS ROAD, STE. 2
City-State-Zip: JACKSONVILLE FL 32217Title D
Name GIBSON, ROGER G
Address 751 OAK STREET, STE. 100
City-State-Zip: JACKSONVILLE FL 32204Title D
Name KNAUER, III, WILLIAM JM.D.
Address 2535 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204Title D
Name MCGEE, TERRENCE MM.D.
Address 2080 CHILD STREET, STE. 5404
City-State-Zip: JACKSONVILLE FL 32214Title SECRETARY
Name DUSS, DAWN N DR.
Address P O BOX 5720
City-State-Zip: JACKSONVILLE FL 32207Title MEDICAL DIRECTOR
Name LEVENSON, JEFFREY H DR.
Address 9453 KELLS RD
City-State-Zip: JACKSONVILLE FL 32257Title EXECUTIVE DIRECTOR
Name MATTOX, SUSAN F
Address 3 SHIRCLIFF WAY
SUITE 546
City-State-Zip: JACKSONVILLE FL 32204

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: SUSAN F. MATTOX**EXECUTIVE DIRECTOR****02/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date