2018 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 US

FEI Number: 59-3386495 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKSONVILLE FL 32204

BUEKER, JAMI G 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:

City-State-Zip:

Address

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title IMMEDIATE PAST CHAIRMAN Title **BOARD MEMBER**

LEVENSON, JEFFREY H DR. HOFFMAN, JAMES R DR. Name Name 1303 BRANDON DRIVE Address 751 OAK STREET Address

SUITE 200 City-State-Zip: ORANGE PARK FL 32065

Title CHAIRMAN ELECT Title **SECRETARY**

EFFNER, GREGG Name Name BROWN, O.D., JEFFREY D. DR.

Address 1181 MILL CREEK DRIVE 100 W. BAY STREET Address

City-State-Zip: SAINT JOHNS FL 32259 JACKSONVILLE FL 32202 City-State-Zip:

Title **BOARD MEMBER**

Title **BOARD MEMBER** Name SCHWAM, M.D, BRIAN L. DR.

MOODY, O.D., F.A.A.O, KURT J. DR. Name Address 7500 CENTURION PKWY

7500 CENTURION PKWY Address SUITE 100

SUITE 100

City-State-Zip: JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 City-State-Zip:

Title **BOARD MEMBER** Title **CHAIRMAN**

Name SHETTY, RAJESH K DR. WITT, JR., EDWARD E.

Name Address 11512 LAKE MEAD AVENUE,

P.O. BOX 1799 SUITE 534

JACKSONVILLE FL 32256 JACKSONVILLE FL 32201 City-State-Zip: City-State-Zip:

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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.

01/03/2018 EXECUTIVE DIRECTOR SIGNATURE: JAMI BUEKER

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 03, 2018

Secretary of State

CC1702907851

Officer/Director Detail Continued:

JACKSONVILLE FL 32204

City-State-Zip:

BOARD MEMBER Title Title **TREASURER** MANIER, SUSAN MCINTOSH, LISA Name Name

Address 11825 CENTRAL PARKWAY Address 1 INDEPENDENT DRIVE 9TH FLOOR

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32202

Title **EXECUTIVE DIRECTOR BOARD MEMBER** Title Name BUEKER, JAMI GAFF

Name BIDES, PAULA Address 3 SHIRCLIFF WAY SUITE 546 Address 1 SHIRCLIFF WAY

City-State-Zip: JACKSONVILLE FL 32204 Title **BOARD MEMBER**

Title **BOARD MEMBER** Name VERDUCCI, ADAM TREADWAY, JOSH Name Address 4190 BELFORT RD., STE 305 Address 2263 CLOVELLY LANE

City-State-Zip: JACKSONVILLE FL 32216 ST AUGUSTINE FL 32092 City-State-Zip:

Title **BOARD MEMBER** Title **BOARD MEMBER** Name MONAHAN, SUSAN OD, FAAO

Name PATEL, ANITHA MD Address 408 PONTE VEDRA BLVD Address 8031 PEBBLE CREEK LANE WEST City-State-Zip: PONTE VEDRA BEACH FL 32082

City-State-Zip:

PONTE VEDRA BEACH FL 32082

Title **BOARD MEMBER** Title **BOARD MEMBER**

Name UNKRICH, KELLY MD Name SCHNELL, MICHAEL CPA, CVA Address 807 CHILDREN'S WAY 238 PONTE VEDRA PARK DR #201 Address City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: PONTE VEDRA BEACH FL 32082