

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716494

FILED  
Feb 28, 2007  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA HEALTH PLANNING COUNCIL, INC.

**Current Principal Place of Business:**

1015 NW 56 TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

1785 NW 80TH BLVD  
GAINESVILLE, FL 32606

**Current Mailing Address:**

1015 NW 56 TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

1785 NW 80TH BLVD  
GAINESVILLE, FL 32606

**FEI Number:** 23-7083163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVA, STEVEN J  
1015 NW 56 TERRACE  
GAINESVILLE, FL 32605 US

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

OLIVA, STEVEN J  
1785 NW 80TH BLVD  
GAINESVILLE, FL 32606 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: STEVEN J. OLIVA

02/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MICHELL, PAMELA W  
Address: 2324 SE 14TH STREET  
City-St-Zip: OCALA, FL 34471 US

Title: VD ( ) Delete  
Name: YATES, DEWAYNE  
Address: PO BOX 640  
City-St-Zip: TRENTON, FL 32693 US

Title: TD ( ) Delete  
Name: MARSHALL, BRYAN T  
Address: 12009 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: SD ( ) Delete  
Name: SILER, KENDRA  
Address: 5522 SW 88 COURT  
City-St-Zip: GAINESVILLE, FL 32608 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: YATES, DEWAYNE  
Address: PO BOX 640  
City-St-Zip: TRENTON, FL 32693 US

Title: VD (X) Change ( ) Addition  
Name: SILER-MARSIGLIO, KENDRA  
Address: 5522 SW 88 COURT  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TD (X) Change ( ) Addition  
Name: GREEN, NELSON  
Address: 945-C NORTH TEMPLE AVENUE  
City-St-Zip: STARKE, FL 32091 US

Title: SD (X) Change ( ) Addition  
Name: GAY, SHARON  
Address: PO BOX 267  
City-St-Zip: JASPER, FL 32052 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN J OILVA

RA

02/28/2007

Electronic Signature of Signing Officer or Director

Date