

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716494

FILED  
Apr 22, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1785 NW 80TH BLVD  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1785 NW 80TH BLVD  
GAINESVILLE, FL 32606

**New Mailing Address:**

**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  
1785 NW 80TH BLVD  
GAINESVILLE, FL 32606 US

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 OLIVA

RA

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date