2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# 716494

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
Name: MARSHALL, TIM
Address: 5331 COMMERCIAL WAY #211
City-St-Zip: SPRING HILL, FL 34606 US

Title: VD
Name: YOUNG, CECELIA
Address: 4327 SW 106 LOOP
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: TD
Name: CHERRY, JONATHAN
Address: PO BOX 491000
City-St-Zip: LEESBURG, FL 34749 US

Title: SD
Name: BOWEN, TIM
Address: 4200 NW 90TH BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

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: STEVEN J OLIVA RA 01/07/2010

Electronic Signature of Signing Officer or Director Date