

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90137 001 ***306.25

DOCUMENT # 736607



1. Entity Name
**FLORIDA ASSOCIATION OF HEALTH PLANNING
AGENCIES, INC.**

Principal Place of Business

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**

Mailing Address

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**

66010380



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2000831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, MICHAEL R
431 OAK AVENUE
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALBURY, SONYA
STREET ADDRESS 5757 BLUE LAGOON DR STE 170
CITY-ST-ZIP MIAMI, FL 33126

TITLE PDT
NAME HILL, R M
STREET ADDRESS 431 OAK AVENUE
CITY-ST-ZIP PANAMA CITY, FL

TITLE SD
NAME JACOBOWITZ, BARBARA
STREET ADDRESS 5651 CORPORATE WAY, SUITE 4
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE VPD
NAME BILELLO, LORI
STREET ADDRESS 2236 ST. JOHNS AVE
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D
NAME HOUCK, ED
STREET ADDRESS 9250 COLLEGE PARKWAY SUITE 3
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Hill President **Michael Hill** 4/23/2007 800-472-4128

BIG BEND HEALTH COUNCIL, INC.

431 OAK AVENUE
PANAMA CITY, FL 32401
(850) 872-4128

ATTACHMENT

66010380

BANK & TRUST CO.
PANAMA CITY, FLORIDA

8223

63-520/632

PAY
TO THE
ORDER OF

\$

DOLLARS

Florida
P.O.P. 1500

Florida 32302-1500

W99000006032

MEMO

786607, 785671, 765400, W04000007630



Terri Anderson
AUTHORIZED SIGNATURE

BIG BEND HEALTH COUNCIL, INC.

8223

DATE	TO	FROM
01/20/2	B11	N.W. FL. HEALTH COUNCIL, INC
01/20/2	B11	SUNSHINE STATE HEALTH PRS, INC
01/20/2	B11	BIG BEND HEALTH COUNCIL, INC
01/20/2	B11	FL ASSN OF HEALTH PLANNING AGENCIES, INC
01/20/2	B11	SAINT JOSEPH CARE OF FL, INC

Cash in Hand

000.00