2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765370

FILED Jan 17, 2010 Secretary of State

Entity Name: THE LOCAL HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2461 W STATE RD 426

SUITE 2041

OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

2461 W STATE RD 426 SUITE 2041 OVIEDO, FL 32765 US

FEI Number: 59-2227752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VAN CAULIL, KAREN 2461 W STATE RD 426 SUITE 2041 OVIEDO, FL 32765 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: [

Name: MCCALLISTER, SYD
Address: 1718 E. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: S

Name: MARTIN, ANDRIA

Address: 1816 SWEETWATER W. CIRCLE

City-St-Zip: APOPKA, FL 32712 US

Title:

Name: MIKKONEN, MITCHELL Address: 480 WEST CENTRAL PARKWAY

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VC

Name: RUDNER LUGO, NANCY
Address: 2300 HURON TRAIL
City-St-Zip: MAITLAND, FL 32751 US

Title:

 Name:
 FRANCOIS, MARIE-JOSE MD

 Address:
 2542 FLETCH COURT

 City-St-Zip:
 LAKE MARY, FL 32746 US

Title: CD

Name: MASURET, JOANNE
Address: 3598 JUTE LANE S.E.
City-St-Zip: PALM BAY, FL 32909 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: JOANNE MASURET CD 01/17/2010