
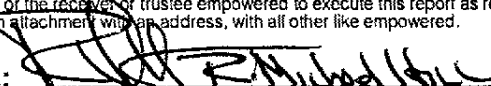


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 765400 1. Entity Name NORTHWEST FLORIDA HEALTH COUNCIL, INC.		
Principal Place of Business 431 OAK AVENUE PANAMA CITY, FL 32401 US		Mailing Address 431 OAK AVENUE PANAMA CITY, FL 32401 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent HILL, R MICHAEL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUMEL, VIVIAN 3920 MONTIGNE DRIVE PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLEOD, MARSHALL W EDD 1000 COLLEGE BLVD., PENSACOLA PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTON, ELBERT W MD 5527 STEWARD STREET MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HILL, ROBERT M 431 OAK DRIVE PANAMA CITY, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		4/24/2006 800-872-4128 Date Daytime Phone #



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2261787	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000537971
05/09/06-80024-006 61.25

**DO NOT WRITE
IN THIS SPACE**