2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 765400

Entity Name: NORTHWEST FLORIDA HEALTH COUNCIL, INC.

Current Principal Place of Business:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2261787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, R MICHAEL
431 OAK AVENUE
PANAMA CITY, FL 32401 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: VD ( ) Delete
Name: KRUMEL, VIVIAN
Address: 3920 MONTIGNE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete
Name: MCLEOD, MARSHALL W EDD
Address: 1000 COLLEGE BLVD., PENSACOLA
City-St-Zip: PENSACOLA, FL

Title: TD ( ) Delete
Name: SUTTON, ELBERT W MD
Address: 5527 STEWARD STREET
City-St-Zip: MILTON, FL 32570

Title: ED ( ) Delete
Name: HILL, ROBERT M
Address: 431 OAK DRIVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: KRUMEL, VIVIAN
Address: 3920 MONTIGNE DRIVE
City-St-Zip: PENSACOLA, FL 32504

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: R. MICHAEL HILL ED 04/17/2008

Electronic Signature of Signing Officer or Director — Date