

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765400

FILED
Apr 26, 2010
Secretary of State

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 ()

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: CD
Name: KRUMEL, VIVIAN
Address: 3920 MONTIGNE DRIVE
City-St-Zip: PENSACOLA, FL 32504

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

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

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

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: R. MICHAEL HILL

ED

04/26/2010

Electronic Signature of Signing Officer or Director

Date