

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765788

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

644 CESERY BLVD  
STE 210  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

644 CESERY BLVD  
STE 210  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 59-2247189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMERICK, DAWN  
644 CESERY BOULEVARD  
STE 210  
JACKSONVILLE, FL 32211 US

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

EMERICK, DAWN DR.  
644 CESERY BOULEVARD  
STE 210  
JACKSONVILLE, FL 32211 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: DR. DAWN EMERICK

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC  
Name: GAILLARD, JOHN  
Address: 4738 AVON LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S  
Name: GRANT, JONNIE  
Address: 21 FLORIDA PARK DR  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: MERRELL, LINDA  
Address: 599 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D  
Name: DANIEL, LESTAGE DR.  
Address: 1782 LONG SLOUGH WALK  
City-St-Zip: ORANGE PARK, FL 32073

Title: C  
Name: MAYO, JIM  
Address: 1250 S 18TH ST  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ED  
Name: EMERICK, DAWN  
Address: 644 CESERY BLVD SUITE 210  
City-St-Zip: JACKSONVILLE, FL

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: DR. DAWN EMERICK

ED

02/17/2010

Electronic Signature of Signing Officer or Director

Date