

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766353

FILED
Apr 18, 2007
Secretary of State

Entity Name: THE HEALTH PLANNING COUNCIL OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

9250 COLLEGE PKWY
SUITE #3
FT. MYERS, FL 33919 US

New Principal Place of Business:

8961 DANIELS CENTER DRIVE
SUITE #401
FT. MYERS, FL 33912 US

Current Mailing Address:

9250 COLLEGE PKWY
SUITE #3
FT. MYERS, FL 33919 US

New Mailing Address:

8961 DANIELS CENTER DRIVE
SUITE #401
FT. MYERS, FL 33912 US

FEI Number: 59-2269305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUCK, EDWARD
9250 COLLEGE PKWY
SUITE 3
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

HOUCK, EDWARD
8961 DANIELS CENTER DRIVE
SUITE 401
FORT MYERS, FL 33912 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:

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSENBLUTH, ROBERT MD
Address: 562 S. SPOONBILL DR.
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: COLE, KARIN G
Address: 3312 S SECLUSION DR
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: VALIANT, MARTHA E MD
Address: P O BOX 70
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: HALVATZIS, DANNY
Address: P.O. BOX 1357
City-St-Zip: FORT MYERS, FL 33902

Title: D () Delete
Name: MURPHY, SHARON
Address: 2506 SECOND ST., STE 105
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ERICKSON, PAUL
Address: 201 EAST OAK STREET, STE 202
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: EDWARD HOUCK

DR.

04/18/2007

Electronic Signature of Signing Officer or Director

Date