

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766353

FILED
Mar 21, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
8961 DANIELS CENTER DRIVE
SUITE 401
FORT MYERS, FL 33912 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: D
Name: ROSENBLUTH, ROBERT MD
Address: 562 S. SPOONBILL DR.
City-St-Zip: SARASOTA, FL 34236

Title: O
Name: HOUCK, EDWARD
Address: 8961 DANIELS CENTER DR # 401
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: ZACK, ROBERT A
Address: 3958 DEFOE SQUARE
City-St-Zip: SARASOTA, FL 34241

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

Title: D
Name: VALIANT, MARTHA E MD
Address: 570 CAPTAIN HENDRY DRIVE
City-St-Zip: LABELLE, FL 33935

Title: D
Name: HALL, SHANNON
Address: 9830 BAY DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

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: EDWARD HOUCK

O

03/21/2011

Electronic Signature of Signing Officer or Director

Date