

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90137 001 \*\*\*306.25

**DOCUMENT # N04000007360**

1. Entity Name  
**SUNSHINE STATE HEALTH PARTNERS, INC.**



Principal Place of Business  
**431 OAK AVE  
PANAMA CITY, FL 34201**

Mailing Address  
**431 OAK AVE  
PANAMA CITY, FL 34201**



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**61-1486842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HILL, R. MICHAEL  
431 OAK AVE  
PANAMA CITY, FL 34201**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, R. MICHAEL 1415 BAKER CT PANAMA CITY, FL 34201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOUCK, EDWARD 9250 COLLEGE PKWY - STE 3 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BILELLO, LORI 900 UNIVERSITY BLVD - S-110 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23, 2007 850-872-4128**

Date Daytime Phone #

BIG BEND HEALTH COUNCIL, INC.

431 OAK AVENUE  
PANAMA CITY, FL 32401  
(850) 872-4128

BAY BANK & TRUST CO.  
PANAMA CITY, FLORIDA

8223

ATTACHMENT

63-520/632

PAY  
TO THE  
ORDER OF

66010384

\$

DOLLARS

1500

10110000

32302-1500

W99000006032

MEMO

786607, 765671, 765400, 504000007630



AUTHORIZED SIGNATURE

BIG BEND HEALTH COUNCIL, INC.

8223

01/20/12 DEL N.W. FL. HEALTH COUNCIL, INC  
01/20/12 DEL SUNSHINE STATE HEALTH PRHS, INC  
01/20/12 DEL BIG BEND HEALTH COUNCIL, INC  
01/20/12 DEL FL ASSN OF HEALTH PLANNING AGENCIES, INC  
01/20/12 DEL SAINT JOSEPH CARE OF FL, INC