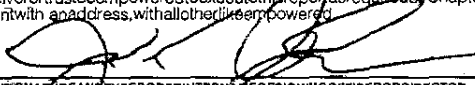


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT# N96000002623		
1. Entity Name COUNCIL OF FLORIDA FAMILY PRACTICE AND COMMUNITY TEACHING HOSPITALS, INC.		
Principal Place of Business 537 EAST PARK AVENUE TALLAHASSEE, FL 32301		Mailing Address PO BOX 10805 TALLAHASSEE, FL 32302
DO NOT WRITE IN THIS SPACE		
		01082005 NoChg-NP CR2E037 (10/03)
4. FEINumber 59-3377085		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		
JOHNSON, JON E 522 EAST PARK AVENUE TALLAHASSEE, FL 32301		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's signature required when re-instating) DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MORRISON, RICH	
STREET ADDRESS	601 EAST ROLLINS STREET	
CITY - ST - ZIP	ORLANDO, FL 32803	
TITLE	D	
NAME	SMITH, LAYNE	
STREET ADDRESS	4500 SAN PABLE RD	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	D	
NAME	MORGANSTINE, MARC D.O.	
STREET ADDRESS	SUITE 202, 2001 WEST 68 ST	
CITY - ST - ZIP	HIALEAH, FL	
TITLE	D	
NAME	COLLINS, JEFFREY	
STREET ADDRESS	2025 INDIAN ROCKS ROAD	
CITY - ST - ZIP	LARGO, FL 34664	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other officers empowered.		
SIGNATURE: 		1-72-058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____