2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N96000002623

1. EntityName
COUNCIL OF FLORIDA FAMILY PRACTICE AND COMMUNITY TEACHING HOSPITALS, INC.

PrincipalPlaceofBusiness
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

MailingAddress
PO BOX 10805
TALLAHASSEE, FL 32302

01082005 NoChg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3377085
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

5. NameandAddressofCurrentRegisteredAgent

JOHNSON, JON E
522 EAST PARK AVENUE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

Filing Fee is $61.25
Due by May 1, 2005

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	MORRISON, RICH
STREETADDRESS	601 EAST ROLLINS STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	SMITH, LAYNE
STREETADDRESS	4500 SAN PABLE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	MORGANSTINE, MARC D.O.
STREETADDRESS	SUITE 202, 2001 WEST 68 ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	COLLINS, JEFFREY
STREETADDRESS	2025 INDIAN ROCKS ROAD
CITY-ST-ZIP	LARGO, FL 34664
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000195089
01/26/05-80014-009 61.25

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter617,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 1-12-05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#