

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 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



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-3377085

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

JOHNSON, JON E  
537 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 signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

DATE  
01/15/08-80063-014 61.25

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 850/224-1900  
Date Daytime Phone #