

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002623

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** COUNCIL OF FLORIDA FAMILY PRACTICE AND COMMUNITY TEACHING HOSPITALS, INC.

**Current Principal Place of Business:**

537 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10805  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-3377085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, JON E  
537 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: MORRISON, RICH  
Address: 601 EAST ROLLINS STREET  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: SMITH, LAYNE  
Address: 4500 SAN PABLE RD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: MORGANSTINE, MARC D.O.  
Address: SUITE 202, 2001 WEST 68 ST  
City-St-Zip: HIALEAH, FL

Title: D ( ) Delete  
Name: COLLINS, JEFFREY  
Address: 2025 INDIAN ROCKS ROAD  
City-St-Zip: LARGO, FL 34664

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JON E. JOHNSON

D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date