2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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
Name: MORRISON, RICH
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICH MORRISON D 01/06/2010

Electronic Signature of Signing Officer or Director Date