## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002623

Jan 06, 2011 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

537 EAST PARK AVENUE TALLAHASSEE, FL 32301

**Current Mailing Address: New Mailing Address:** 

PO BOX 10805

TALLAHASSEE, FL 32302

FEI Number: 59-3377085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHNSON, JON E 537 EAST PARK AVENUE TALLAHASSEE, FL 32301

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:

US

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MORRISON, RICH Name:

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

Title:

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

Title:

MORGANSTINE, MARC D.O. Name: SUITE 202, 2001 WEST 68 ST Address:

City-St-Zip: HIALEAH, FL

Title:

Name: COLLINS, JEFFREY 2025 INDIAN ROCKS ROAD Address:

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 01/06/2011