

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003595

FILED
Feb 18, 2011
Secretary of State

Entity Name: VISION IS PRICELESS COUNCIL, INC.

Current Principal Place of Business:

3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3386495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTOX, SUSAN F
3 SHIRCLIFF WAY
SUITE 546
JACKSONVILLE, FL 32204 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: TREECE, THOMAS D
Address: 4465 BAYMEADOWS ROAD, STE. 2
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D
Name: GIBSON, ROGER G
Address: 751 OAK STREET, STE. 100
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D
Name: WILDES, SUSAN F
Address: 4800 DEERWOOD CAMPUS PKWY, DC3-4
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D
Name: HERED, ROBERT W M.D.
Address: 807 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: KNAUER, III, WILLIAM J M.D.
Address: 2535 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D
Name: MCGEE, TERRENCE M M.D.
Address: 2080 CHILD STREET, STE. 5404
City-St-Zip: JACKSONVILLE, FL 32214 US

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: THOMAS D. TREECE

D

02/18/2011

Electronic Signature of Signing Officer or Director

Date