

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004883

Entity Name: NORTHEAST FLORIDA HEALTH SERVICES, INC.**Current Principal Place of Business:**1015 N. STONE STREET
DELAND, FL 32720**Current Mailing Address:**1015 N. STONE STREET
DELAND, FL 32720 US**FEI Number:** 55-0799729**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ASBURY, LAURIE
1015 N. STONE STREET
DELAND, FL 32720 US*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:** LAURIE ASBURY

03/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name RIVERA-SPELORZI, CARMEN M
Address 2502 AINSWORTH AVENUE
City-State-Zip: DELTONA FL 32738

Title CEO
Name ASBURY, LAURIE
Address 1015 N. STONE STREET
City-State-Zip: DELAND FL 32720

Title DIRECTOR, VC
Name SERPE, KATHRYN D
Address 48 HOLLY IN THE WOOD
City-State-Zip: PORT ORANGE FL 32129

Title CHAIRMAN, SECRETARY
Name CAMPBELL, VIVIAN
Address 521 EAST CHURCH STREET
City-State-Zip: DELAND FL 32724

Title CHAIRMAN, TREASURER
Name CORTES, CATHY DR.
Address 1530 ROBINWOOD DRIVE
City-State-Zip: DELAND FL 32720

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: LAURIE ASBURY

CEO

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date