

2016 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

09/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name HINDS, NIGEL
Address 1015 N. STONE STREET
City-State-Zip: DELAND FL 32720

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

Title DIRECTOR, VC
Name TYUS, MAX
Address 1015 N. STONE STREET
City-State-Zip: DELAND FL 32720

Title CHAIRMAN, SECRETARY
Name SERPE, KATHYRN
Address 214 N. FREDERICK STREET
City-State-Zip: PIERSON FL 32180

Title CHAIRMAN, TREASURER
Name CORTES, CATHY DR.
Address 1015 N. STONE STREET
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

09/16/2016

Electronic Signature of Signing Officer/Director Detail

Date