

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003012

Entity Name: NORTHEAST FLORIDA HEALTH INFORMATION EXCHANGE, INC.**FILED**
Mar 11, 2016
Secretary of State
CC8327155404**Current Principal Place of Business:**% BROOKS REHABILITATION
3599 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE, FL 32216**Current Mailing Address:**% BROOKS REHABILITATION
3599 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE, FL 32216**FEI Number: 03-0515874****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 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: ROBERT H. PRITCHARD****03/11/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PD
Name BAER, DOUGLAS M
Address 3599 UNIVERSITY BOULEVARD
SOUTH
City-State-Zip: JACKSONVILLE FL 32216Title D
Name BRIGHAM, ROBERT
Address 450 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224Title D
Name CHISHOLM, MOODY L
Address 1 SHIRCLIFF WAY, 1ST FLOOR, #1302
City-State-Zip: JACKSONVILLE FL 32204Title DIRECTOR
Name O'LOUGHLIN, JAMES
Address MEMORIAL HOSPITAL
3625 UNIVERSITY BLVD. S.
City-State-Zip: JACKSONVILLE FL 32216Title TD
Name MILLSON, JAY W
Address 555 BISHOPGATE LANE
City-State-Zip: JACKSONVILLE FL 32204Title D
Name ARMISTEAD, RUSSEL
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209Title D
Name GREENE, A. HUGH
Address 800 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207Title DIRECTOR
Name CAMPBELL, BRYAN
Address DUVAL COUNTY MEDICAL SOCIETY
555 BISHOPGATE LANE
City-State-Zip: JACKSONVILLE FL 32204**Continues on page 2**

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: DOUGLAS M. BAER**PRESIDENT****03/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, DANIEL
Address UNIVERSITY OF FLORIDA HEALTH SCIENCE
 CENTER
 643-1 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title SECRETARY
Name HARMON, ROBERT
Address HARMON HEALTH GROUP
 1226 QUEEN'S ISLAND COURT
City-State-Zip: JACKSONVILLE FL 32225