

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002799 (4)

1. Corporation Name

ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.



Principal Place of Business

Mailing Address

501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-2997

501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-2997

3. Date Incorporated or Qualified **06/06/1994** 3a. Date of Last Report **04/12/1995**

21	2. Principal Place of Business 301 South Lemon St.	26	2a. Mailing Address 301 South Lemon St.	4.	FEI Number 59-3246566	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Bunnell, FL	28	City & State Bunnell, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32110	25	Country Flagler	29	Zip 32110	30	Country Flagler
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BARCLAY, JAMES M
131 N. GADSDEN ST.
TALLAHASSEE FL 32301**

81 Name **Charlene J. Petersen**
82 Street Address (P.O. Box Number is Not Acceptable)
501 South Clyde Morris Blvd.
83
84 City **Daytona Beach** FL 85 Zip Code **32114**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charlene J. Petersen* **Charlene J. Petersen, Senior Attorney** **2/19/96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, JUNE M	12 NAME	Crippen, William O.
STREET ADDRESS	501 S. CLYDE MORRIS BLVD.	13 STREET ADDRESS	301 South Lemon St.
CITY - ST - ZIP	DAYTONA BEACH FL 32114-2997	14 CITY - ST - ZIP	Bunnell, FL 32110
TITLE	DVS <input checked="" type="checkbox"/> DELETE	21 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, R.N.	22 NAME	Sorensen, Bonita, M.D.
STREET ADDRESS	1306 IDLEWILD AVE.	23 STREET ADDRESS	501 South Clyde Morris Blvd.
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043	24 CITY - ST - ZIP	Daytona Beach, FL 32114-2997
TITLE	DT <input type="checkbox"/> DELETE	31 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, DAVID L	32 NAME	Raines, David L.
STREET ADDRESS	STAR RT. 1, BOX 2	33 STREET ADDRESS	Star Rt. 1 Box 2
CITY - ST - ZIP	BUNNELL FL 32110	34 CITY - ST - ZIP	Bunnell, FL 32110
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	700001754047
TITLE	<input type="checkbox"/> DELETE	51 TITLE	03/22/96 01038-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	***61.25
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *O. William Crippen* **O. William Crippen, M.P.H.** **2/20/96** **904-437-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)