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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
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1. Corporation Name

ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.

Principal Place of Business	Mailing Address
% O. WILLIAM CRIPPEN, M.P.H. 301 SOUTH LEMON STREET BUNNELL FL 32110	% FLAGLER COUNTY PUBLIC HEALTH UNIT P. O. BOX 847 BUNNELL FL 32110

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/06/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3246566 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, CHARLENE J 501 SOUTH CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	DV ☐ Change ☒ Addition
NAME	CRIPPEN, WILLIAM O		1.2 NAME	Lynda Kirker
STREET ADDRESS	301 SOUTH LEMON ST.		1.3 STREET ADDRESS	Flagler Hospital, 400 Health Park Blvd.
CITY-ST-ZIP	BUNNELL FL 32110		1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	DV	☐ DELETE	2.1 TITLE	DP ☒ Change ☐ Addition
NAME	SORENSEN, BONITA M.D.		2.2 NAME	Sorensen, Bonita, M.D.
STREET ADDRESS	501 SOUTH CLYDE MORRIS BLVD.		2.3 STREET ADDRESS	501 South Clyde Morris Blvd.
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	DT	☒ DELETE	3.1 TITLE	DS ☐ Change ☒ Addition
NAME	RAINES, DAVID L		3.2 NAME	Margaret Wright
STREET ADDRESS	STAR RT. 1, BOX 2		3.3 STREET ADDRESS	Orange Park Hospital, 2001 Kingsley Ave,
CITY-ST-ZIP	BUNNELL FL 32110		3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	DT	☒ DELETE	4.1 TITLE	DT ☐ Change ☒ Addition
NAME	JACOBSON, CHARLES		4.2 NAME	David Holland
STREET ADDRESS	2323 CURLEW RD, STE 7E		4.3 STREET ADDRESS	555 West Granada, Ste. B11
CITY-ST-ZIP	PALM HARBOR FL 34063		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DDS	☐ DELETE	5.1 TITLE	M ☒ Change ☐ Addition
NAME	BASSETT, JUDITH A		5.2 NAME	BASSETT, JUDITH A.
STREET ADDRESS	301 SOUTH LEOMON ST		5.3 STREET ADDRESS	301 LEMON STREET
CITY-ST-ZIP	BUNNELL FL 32110		5.4 CITY-ST-ZIP	Bunnell, FL 32110
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ REQUIRED 1.13.99 904-947-3414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #