

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 007 ****61.25

DOCUMENT # N94000002799

1. Entity Name

ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.



Principal Place of Business

Mailing Address

C/O CHERYLL LESNESKI
 2801 KENNEDY STREET
 PALATKA FL 32177-4100

C/O CHERYLL LESNESKI
 2801 KENNEDY STREET
 PALATKA FL 32177-4100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246566

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, CHARLENE J
501 SOUTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Charlene J. Petersen

Charlene Petersen, Attorney

7/25/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** Delete
 NAME **KIRKER, LINDA**
 STREET ADDRESS **FLAGLER HOSPITAL, 400 HEALTH PARK BLVD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **SORENSEN, BONITA M.D.**
 STREET ADDRESS **501 SOUTH CLYDE MORRIS BLVD.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **WRIGHT, MARGARET**
 STREET ADDRESS **ORANGE PARK HOSPITAL, 2001 KINGSLEY AVE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME **DS Sharon Warriner**
 STREET ADDRESS **701 W. Plymouth Ave**
 CITY-ST-ZIP **De Land, FL 32720**

TITLE **DT** Delete
 NAME **HOLLAND, DAVID**
 STREET ADDRESS **555 WEST GRANA OA STE B11**
 CITY-ST-ZIP **ORMAND BEACH FL 32174**

TITLE Change Addition
 NAME **DT DOTTIE HUDSON**
 STREET ADDRESS **180 Marine St.**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **M** Delete
 NAME **BASSETT, JUDITH A**
 STREET ADDRESS **301 SOUTH LEOMON ST**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonita J. Sorensen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonita J. Sorensen

President

Date

7/25/00

Daytime Phone #

904-947-3414

CR2E037 (5/00)