


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N94000002799**

1. Corporation Name

**ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.**

Principal Place of Business

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

Mailing Address

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1994

5. FEI Number

59-3246566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	KIRKER, LINDA	FLAGLER HOSPITAL, 400 HEALTH PARK	ST. AUGUSTINE FL 32086
DP	SORENSEN, BONITA M.D.	501 SOUTH CLYDE MORRIS BLVD.	DAYTONA BEACH FL 32114
DS	WARRINER, SHARON	701 N PLYMOUTH AVE	DEL FID FL 32720
DT	HUDSON, DOTTIE	180 MARINE ST	SAINT AUGUSTINE FL 32084

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
Lori A. Bilello, Executive Director  
Street Address (P.O. Box Number is Not Acceptable)  
Health Planning Council of NE Fla., Inc.  
Suite, Apt. #, Etc.  
900 University Blvd., N., Suite #110  
City  
Jacksonville,  
State  
FL  
Zip Code  
32211

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Lori A. Bilello*

Date

11/05/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Dottie Hudson

SIGNATURE:

*Dottie Hudson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-825-5055

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01