

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90089 032 ****61.25

0001004

DOCUMENT # N94000002799

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3246566

Applied For

Not Applicable

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

HEALTH PLANNING COUNCIL OF NE FLA, INC
LORI A. BILELLO
900 UNIVERSITY BLVD, N. STE 110
JACKSONVILLE FL 32211

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DV KIRKER, LINDA FLAGLER HOSPITAL, 400 HEALTH PARK BLVD ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SORENSEN, BONITA M.D. 501 SOUTH CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARRINER, SHARON 701 N PLYMOUTH AVE DELAND FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUDSON, DOTTIE 180 MARINE ST SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nick Chapman 1305 Idlewilde Ave. Green Cove Spgs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV William O. Crippen 301 So. Lemon ST. Bunnell, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kerry Dunlavy 657 So. 6th ST. MACLENNY, FL 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1955 US #1 So. ST. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DOTTIE HUDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02
Date

904-825-5055
Daytime Phone #

CR2E037 (9/01)