

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Oct 19, 2006**  
**Secretary of State**

DOCUMENT# N94000002799

**Entity Name:** ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

C/O CHERYLL LESNESKI  
2801 KENNEDY STREET  
PALATKA, FL 321774100

**New Principal Place of Business:**

**New Mailing Address:**

900 UNIVERSITY BLVD. N.  
110  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

C/O CHERYLL LESNESKI  
2801 KENNEDY STREET  
PALATKA, FL 321774100

**FEI Number:** 59-3246566      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HEALTH PLANNING COUNCIL OF NE FLA, INC  
900 UNIVERSITY BLVD, N.  
SUITE 110  
JACKSONVILLE, FL 32211 US

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: LORI A. BILELLO

10/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: RICHARDS, ALICE  
Address: 1955 US 1 S  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: JOHNSON, PARTICK  
Address: 31 S LEMON ST  
City-St-Zip: BUNNELL, FL 32110

Title: P ( ) Delete  
Name: DUNLAVEY, KERRY  
Address: 657 SO 6TH ST  
City-St-Zip: MACCLENNY, FL 32063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY DUNLAVEY

PRES

10/19/2006

Electronic Signature of Signing Officer or Director

Date