
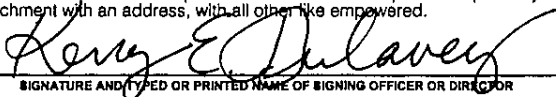


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

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 900 UNIVERSITY BLVD. N. 110 JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3246566	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 900 UNIVERSITY BLVD, N. SUITE110 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, ALICE			NAME	
STREET ADDRESS	1955 US 1 S			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PARTICK			NAME	
STREET ADDRESS	31 S LEMON ST			STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAVEY, KERRY			NAME	
STREET ADDRESS	657 SO 6TH ST			STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY, FL 32063			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	



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