


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90044 040 \*\*\*\*61.25

<b>DOCUMENT # N94000002799</b> 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 # <b>480 W. Lowder St</b> Suite, Apt. #, etc. <b>c/o Kerry Dunlavey</b>			3. Mailing Address <b>644 Cesery Blvd</b> Suite, Apt. #, etc. <b>Suite 210</b>		
City & State <b>Macclenny FL</b>			City & State <b>Jacksonville, FL</b>		
Zip <b>32063</b>		Country <b>USA</b>		Zip <b>32211</b>	
Country <b>USA</b>		4. FEI Number <b>59-3246566</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>HEALTH PLANNING COUNCIL OF NE FLA, INC</b> <b>900 UNIVERSITY BLVD, N.</b> <b>SUITE 110</b> <b>JACKSONVILLE, FL 32211</b>					
7. Name and Address of New Registered Agent Name <b>Health Planning Council of N.E. FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 Cesery Boulevard</b> <b>Suite 210</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32211</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete RICHARDS, ALICE 1955 US 1 S SAINT AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JOHNSON, PARTICK 31 S LEMON ST BUNNELL, FL 32110				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DUNLAVEY, KERRY 657 SO 6TH ST MACCLENNY, FL 32063				
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	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
480 Lowder St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Wood 2503 President St Palatka, FL 32177					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Kerry Dunlavey</i></u> <b>2/25/08</b> <b>904-259-6291</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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