

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N94000002799

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

Current Principal Place of Business:

480 W. LOWDER ST.
C/O KERRY DUNLAVEY
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

644 CESERY BLVD
STE. 210
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3246566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALTH PLANNING COUNCIL OF NE, FL
644 CESERY BLVD
STE. 210
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: P () Delete
Name: DUNLAVEY, KERRY
Address: 480 LOWDER ST.
City-St-Zip: MACCLENNY, FL 32063

Title: T () Delete
Name: WOOD, DEBBIE
Address: 2503 PRESIDENT ST
City-St-Zip: PALATKA, FL 32177

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 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

P

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date