


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90114 049 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3246566**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. 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**

7. Name and Address of New Registered Agent

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHAPMAN, NICK	
STREET ADDRESS	1305 IDLEWILDE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CRIPPEN, WILLIAM O	
STREET ADDRESS	301 SO LEMON ST	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUNLAVEY, KERRY	
STREET ADDRESS	657 SO 6TH ST	
CITY-ST-ZIP	MACCLENNY FL 32083	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUDSON, DOTTIE	
STREET ADDRESS	1955 US #1 SO	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **SIGNATURE REQUIRED**

3/4/03

CR2E037 (10/02)