

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90083 048 ****70.00

DOCUMENT # N95000000452

1. Entity Name

NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

Principal Place of Business

Mailing Address

221 S ALABAMA ST
 JAY FL 32565

221 S ALABAMA STREET
 JAY FL 32565

2. Principal Place of Business

3. Mailing Address

221 S. Alabama Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Jay, FL

4. FEI Number

59-3308216

Applied For

Not Applicable

Zip

Country

Zip
 32565

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULKNER, MARK
221 S. ALABAMA STREET
JAY FL 32565

Name **Faulkner, Mark**

Street Address (P.O. Box Number is Not Acceptable)
221 S. Alabama Street

City **Jay** **FL** Zip Code **32565**

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.

SIGNATURE **Mark Faulkner, President**

1-7-02

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, E. W.	
STREET ADDRESS	503 N STEWART ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	217 S ALABAMA ST	
CITY-ST-ZIP	JAY FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	FAULKNER, MARK	
STREET ADDRESS	221 S. ALABAMA STREET	
CITY-ST-ZIP	JAY FL 32565	
TITLE	TA	<input type="checkbox"/> Delete
NAME	ROWLAND, THOMAS	
STREET ADDRESS	4955 SOUTH ALABAMA STREET	
CITY-ST-ZIP	JAY FL 32565	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, CLAY	
STREET ADDRESS	3425 HWY 4	
CITY-ST-ZIP	JAY FL 32565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salter, Don	
STREET ADDRESS	6865 Caroline St.	
CITY-ST-ZIP	Milton, FL 32570	
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:

Mark Faulkner, President

1-7-02

(850) 675-8015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)