

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


**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90041 016 \*\*\*\*61.25

0003161

**DOCUMENT # N95000000452**

1. Entity Name  
**NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.**



Principal Place of Business      Mailing Address  
**221 S ALABAMA ST**      **221 S ALABAMA STREET**  
**JAY FL 32565**      **JAY FL 32565**

2. Principal Place of Business      3. Mailing Address  
**14114 Alabama Street**      **14114 Alabama Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jay, FL**      **Jay, FL**

Zip      Country      Zip      Country  
**32565**      **USA**      **32565**      **USA**

4. FEI Number **59-3308216**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FAULKNER, MARK**  
**221 S. ALABAMA STREET**  
**JAY FL 32565**

7. Name and Address of New Registered Agent  
 Name      **Mark Faulkner**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14114 Alabama Street**  
 City      **Jay**      **FL**      **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      **Mark Faulkner, President**      **7/7/03**      DATE

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**  
**After September 10, 2003; min will be \$236.25**

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 NAME	<b>D</b> <b>SALTER, DON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6865 CAROLINE ST</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	
TITLE NAME	<b>VCD</b> <b>SMITH, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>217 S ALABAMA ST</b>	
CITY-ST-ZIP	<b>JAY FL</b>	
TITLE NAME	<b>PCD</b> <b>FAULKNER, MARK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>221 S. ALABAMA STREET</b>	
CITY-ST-ZIP	<b>JAY FL 32565</b>	
TITLE NAME	<b>TA</b> <b>ROWLAND, THOMAS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4955 SOUTH ALABAMA STREET</b>	
CITY-ST-ZIP	<b>JAY FL 32565</b>	
TITLE NAME	<b>SD</b> <b>CAMPBELL, CLAY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3425 HWY 4</b>	
CITY-ST-ZIP	<b>JAY FL 32565</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Address Correction:</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>14122 Alabama Street</b>	
CITY-ST-ZIP	<b>Jay, FL 32565</b>	
TITLE NAME	<b>Address Correction:</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>14114 Alabama Street</b>	
CITY-ST-ZIP	<b>Jay, FL 32565</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**      **7/7/03**      **(850) 675-8015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (4/03)