

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N94000002799

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

Current Principal Place of Business:

110 N 11TH STREET
C/O RURAL HEALTH NETWORK
PALATKA, FL 32177

Current Mailing Address:

100 NORTH LAURA STREET
SUITE 800
JACKSONVILLE, FL 32202 US

FEI Number: 59-3246566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEALTH PLANNING COUNCIL OF NE FL, INC
100 NORTH LAURA STREET
SUITE 800
JACKSONVILLE, FL 32202 US

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

Officer/Director Detail :

Title PRESIDENT
Name MOUZON, STELLA RN BSN MSM
Address 2591 OAK STREET
City-State-Zip: JACKSONVILL FL 32204

Title VP
Name WOOD, DEBORAH BSN MBA
Address P.O. DRAWER 817
City-State-Zip: PALATKA FL 32178

Title TREASURER
Name PEYTON, KAREN RN
Address 3292 COUNTY ROAD 220
City-State-Zip: MIDDLEBURG FL 32068

I hereby 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 all other like empowered.

SIGNATURE: STELLA MOUZON

PRESIDENT

07/15/2015

Electronic Signature of Signing Officer/Director Detail

Date