

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002799

**FILED
Apr 24, 2015
Secretary of State
CC0034950953**

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

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 PRES
Name DUNLAVEY, KERRY RN MPH
Address 480 W LOWDER ST
City-State-Zip: MACCLENNY FL 32063

Title VP
Name MOUZON, STELLA RN BSN
Address 2591 OAK STREET
City-State-Zip: JACKSONVILLE FL 32204

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

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: KERRY DUNLAVEY

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date