

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002799

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**5451292303CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

4201 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-3246566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEALTH PLANNING COUNCIL OF NE FL, INC  
4201 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32217 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:** SUSAN D GRICH

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT  
Name PAGEL, LAUREEN  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name HARRIS, TONIA  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER  
Name PEYTON, KAREN  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name ALLICOCK, DAWN DR.  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name BOSWELL, PATRICIA  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name GARCIA, MARY  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name NGO-SEIDEL, EUGENIA DR.  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, MEMBER  
Name MORELES, JOSE  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

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*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:** SUSAN D GRICH

PRES./CEO

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER, MEMBER  
Name SNYDER, ROBERT  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217

Title OTHER, PRES./CEO HPC  
Name GRICH, SUSAN  
Address 4201 BAYMEADOWS ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32217