

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2023
Secretary of State
4199503209CC

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

02/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title OTHER, MEMBER
Name BISCHOFF, PATRICIA
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

Title OTHER, MEMBER
Name KELLEY, MATTHEW
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

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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 OF HPCNEF

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OTHER, MEMBER
Name SALISBURY, II, DAVID ESQ.
Address 4201 BAYMEADOWS ROAD
SUITE 2
City-State-Zip: JACKSONVILLE FL 32217

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

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