

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002799

**FILED  
Mar 30, 2014  
Secretary of State  
CC9214637098**

**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:** Yes

**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**

**03/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date