

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000452

**Entity Name:** NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

3927 HWY 4 STE 203  
JAY, FL 32565

**Current Mailing Address:**

3927 HWY 4 STE 203  
JAY, FL 32565 US

**FEI Number: 59-3308216**

**Certificate of Status Desired: No**

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

HUTCHINS, MICHAEL T  
14114 ALABAMA ST  
JAY, FL 32565 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 D  
Name SALTER, DON  
Address 6865 CAROLINE ST  
City-State-Zip: MILTON FL 32570

Title P  
Name SMITH, DAVID  
Address 14088 ALABAMA ST  
City-State-Zip: JAY FL 32565

Title V  
Name HUTCHINS, MICHAEL T  
Address 14114 ALABAMA ST  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title TA  
Name HEATON, GREG  
Address 14088 ALABAMA ST  
City-State-Zip: JAY FL 32565

Title SD  
Name CAMPBELL, CLAY  
Address 3425 HWY 4  
City-State-Zip: JAY FL 32565

*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: MICHAEL T. HUTCHINS**

**VP**

**01/10/2017**

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

\_\_\_\_\_  
Date