

2022 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	SMITH, MICHAEL DR.
Address	14088 ALABAMA ST
City-State-Zip:	JAY FL 32565

Title	P
Name	SMITH, DAVID DR.
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, RYAN
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****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date