2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 765671

Entity Name: BIG BEND HEALTH COUNCIL, INC.

Current Principal Place of Business:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

431 OAK AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2261770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, R. MICHAEL
431 OAK AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NICHOLSON, DAVID
Address: 4315 9TH AVE
City-St-Zip: MARIANNA, FL 32446

Title: VCD ( ) Delete
Name: WYNN, JERRY
Address: 1101 LA SALLE LEFFALL DRIVE
City-St-Zip: QUINCY, FL 32351

Title: SDTD ( ) Delete
Name: KENT, DOUG
Address: 502 4TH STREET
City-St-Zip: PORT ST. LUCIE, FL 32456

Title: D ( ) Delete
Name: HILL, R MICHAEL
Address: 431 OAK AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change ( ) Addition
Name: HESTER, ROBERT
Address: 3937 EMERALD CHASE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SDTD (X) Change ( ) Addition
Name: KENT, DOUG
Address: 502 4TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: R MICHAEL HILL D 04/17/2008

Electronic Signature of Signing Officer or Director — Date