

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001867

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: PATIENT CENTERED HEALTH NETWORK, INC.

## Current Principal Place of Business:

240 SOUTHPARK CIRCLE EAST  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

201 W. LATIN STREET  
HASTINGS, FL 32145

## Current Mailing Address:

240 SOUTHPARK CIRCLE EAST  
ST AUGUSTINE, FL 32086

## New Mailing Address:

240 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086

FEI Number: 20-0752722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARATHE, S.S. MD  
240 SOUTHPARK CIRCLE EAST  
ST AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

MARATHE, S.S. MD  
240 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086 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:

04/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: GORDY, JOSEPH  
Address: 400 HEALTHPARK BLVD, FLAGLER HOSPITAL  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DVP ( ) Delete  
Name: CARTER, REUBIN B  
Address: 531 ASHLAND ST  
City-St-Zip: HASTINGS, FL 32145

Title: DPC ( ) Delete  
Name: KLIPSTINE, EDWIN  
Address: 5055 CLYMER ROAD  
City-St-Zip: ELKTON, FL 32033

Title: DS ( ) Delete  
Name: REGAN, JOHN R  
Address: 306 N. MAIN STREET  
City-St-Zip: HASTINGS, FL 32145

Title: M (X) Delete  
Name: MARATHE, S.S. M.D.  
Address: 240 SOUTHPARK CIRCLE EAST  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete  
Name: HARRIS, EDITH  
Address: 316 DANIEL ST  
City-St-Zip: HASTINGS, FL 32145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REUBIN, CARTER B  
Address: P.O.BOX 133  
City-St-Zip: HASTINGS, FL 32145

Title: V/S (X) Change ( ) Addition  
Name: SHELL, REGAN  
Address: P.O.DRAWER 697  
City-St-Zip: HASTINGS, FL 32145

Title: T (X) Change ( ) Addition  
Name: THOMAS, CAVE  
Address: P.O.BOX 542  
City-St-Zip: HASTINGS, FL 32145

Title: ACEO (X) Change ( ) Addition  
Name: MARATHE, SHRIRAM M.D.  
Address: 240 SOUTHPARK CIRCLE EAST  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: S.S.MARATHE

ACEO

04/10/2007

Electronic Signature of Signing Officer or Director

Date