



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011012 1. Entity Name BIG BEND REGIONAL HEALTHCARE INFORMATION ORGANIZATION, INC.							
Principal Place of Business 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308		Mailing Address 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308					
DO NOT WRITE IN THIS SPACE		 01222007 No Chg-NP CR2E037 (4/06) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 20-4112946</td> <td style="padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 20-4112946	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAELIN, DAN MD 1911 MICCOSUKEE ROAD TALLAHASSEE, FL 32308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSH, SHARON 2626 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRYANT, MARK 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, THOMAS G 1803 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYINGTON, ALLEN 3411 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 323084425						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Allen Byington</u> ALLEN BYINGTON, DIRECTOR 1-24-07 850-222-0229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							