

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011012

FILED
Jan 26, 2009
Secretary of State

Entity Name: BIG BEND REGIONAL HEALTHCARE INFORMATION ORGANIZATION, INC.

Current Principal Place of Business:

1911 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

3411 CAPITAL MEDICAL BOULEVARD
ATTN: ALLEN BYINGTON
TALLAHASSEE, FL 32308

Current Mailing Address:

1911 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

3411 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

FEI Number: 20-4112946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: KAELEN, DAN MD
Address: 1911 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: ROUSH, SHARON
Address: 2626 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: O'BRYANT, MARK
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HARRISON, THOMAS G
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BYINGTON, ALLEN
Address: 3411 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 323084425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: THOMAS G HARRISON

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date