2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# N05000011012

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

Current Principal Place of Business:

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

New Principal Place of Business:

3411 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

Current Mailing Address:

3411 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

New Mailing Address:

3411 CAPITAL MEDICAL BOULEVARD
ATTN: ALLEN BYINGTON
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
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 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
Name: KAELIN, DAN MD
Address: 1911 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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: ALLEN BYINGTON D 04/11/2012

Electronic Signature of Signing Officer or Director — Date