2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# N06000008648

Entity Name: PROFESSIONALS RESOURCE NETWORK, INC.

Current Principal Place of Business:

123 SOUTH ADAMS ST.
TALLAHASEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASEE, FL 32302

New Mailing Address:

FEI Number: 86-1171352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
123 SOUTH ADAMS ST.
TALLAHASEE, FL 32301 US

Name and Address of New Registered Agent:

SCOTT, KIMBERLY S VP
123 SOUTH ADAMS ST.
TALLAHASEE, FL 32301 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: KIMBERLY S SCOTT 03/24/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SELANDER, GUY T MD
Address: 2809 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete
Name: IRVIN, E. COY MD
Address: 350 PENSACOLA BCH BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: T ( ) Delete
Name: SCHIEBLER, GEROLD L MD
Address: 408 BEACHSIDE VILLAS
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: ALTENBURGER, KARL M MD
Address: 724 SE 24TH TERRACE
City-St-Zip: OCALA, FL 34471

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: KIMBERLY S SCOTT VP 03/24/2008
Electronic Signature of Signing Officer or Director Date