

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008648

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: PROFESSIONALS RESOURCE NETWORK, INC.

## Current Principal Place of Business:

123 SOUTH ADAMS ST.  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

123 SOUTH ADAMS ST.  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

PO BOX 10269  
TALLAHASSEE, FL 32302

## New Mailing Address:

PO BOX 10269  
TALLAHASSEE, FL 32302 US

FEI Number: 86-1171352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, KIMBERLY S VP  
123 SOUTH ADAMS ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EVP  
123 SOUTH ADAMS ST.  
TALLAHASSEE, 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: TIMOTHY J. STAPLETON, EVP

02/24/2009

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: HARMON, WALTER A MD  
Address: 4233 MORENA LANE  
City-St-Zip: JACKSONVILLE, FL 32207

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: TIMOTHY J. STAPLETON

EVP

02/24/2009

Electronic Signature of Signing Officer or Director

Date