## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008648

FILED Apr 12, 2010 Secretary of State

Entity Name: PROFESSIONALS RESOURCE NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business:

123 SOUTH ADAMS ST.

TALLAHASEE, FL 32301 US

Current Mailing Address: New Mailing Address:

PO BOX 10269

TALLAHASEE, 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: Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EVP

123 SOUTH ADAMS ST.

TALLAHASEE, FL 32301 US

STAPLETON, TIMOTHY J EXDIR
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: TIMOTHY J. STAPLETON 04/12/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: P

Name: SCHIEBLER, GEROLD L MD Address: 408 BEACHSIDE VILLAS City-St-Zip: AMELIA ISLAND, FL 32034

Title:

 Name:
 IRVIN, E. COY MD

 Address:
 350 PENSACOLA BCH BLVD.

 City-St-Zip:
 GULF BREEZE, FL 32561

Title: T

 Name:
 HARMON, WALTER A MD

 Address:
 4233 MORENA LANE

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: VP

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

Title: EDIR

 Name:
 STAPLETON, TIMOTHY J

 Address:
 123 S ADAMS STREET

 City-St-Zip:
 TALLAHASSEE, FL 32301

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: TIMOTHY J. STAPLETON EDIR 04/12/2010