

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004581

FILED
Jan 10, 2005
Secretary of State

Entity Name: BIG BEND RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

333 BYRON BUTLER PARKWAY
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

333 BYRON BUTLER PARKWAY
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3335316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, ROBERT A
9601-54 MICCOSUKEE RD
TALLAHASSEE, FL 32309 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: SD () Delete
Name: BARNHILL, KIM
Address: 1255 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: MOSS, ROB
Address: 1309 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VCD () Delete
Name: GARY, JAMES
Address: 201 E MARION STREET
City-St-Zip: MADISON, FL 32340

Title: CH () Delete
Name: BOLAND, JERRY M.D.
Address: 1215 PEACOCK STREET
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: BARNHILL, KIM
Address: 1255 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

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

Title: VCD (X) Change () Addition
Name: MEREDITH, CINDY
Address: 1723 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: WALBY, MICHAEL OD
Address: 404 E.ASH STREET
City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. LOMBARDO

EXD

01/10/2005

Electronic Signature of Signing Officer or Director

Date