2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# N93000004581

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ROBERT A LOMBARDO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CH ( ) Delete
Name: TULLOS, STEVE
Address: 1215 PEACOCK ST
City-St-Zip: PERRY, FL 32347

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

Title: VCD ( ) Delete
Name: HUNTER, MARLON
Address: 48 OAK ST
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: ED ( ) Delete
Name: LOMBARDO, ROBERT A
Address: 9601 MICCOSUKEE ROAD #54
City-St-Zip: TALLAHASSEE, FL 32309

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

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: ROBERT A LOMBARDO ED 06/04/2009

Electronic Signature of Signing Officer or Director — Date