

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004581

FILED
Jan 06, 2010
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: CH
Name: ABERCROMBIE, DAVID
Address: 320 E MARION ST
City-St-Zip: MADISON, FL 32344

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

Title: VCD
Name: BARNHILL, KIM
Address: 1255 WEST WASHINGTON STREE
City-St-Zip: MONTICELLO, FL 32340

Title: SD
Name: GORDON, KARLE
Address: 1723 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

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

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: ROBERT A LOMBARDO

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date