

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004581

FILED  
Jan 05, 2011  
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: D  
Name: STANLEY, GLENDA  
Address: 325 JOHN KNOX ROAD SUITE M-200  
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 LOMBARDO

ED

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date