

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 12, 2011
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:**325 JOHN KNOX ROAD
BLDG M SUITE 200
TALLAHASSEE, FL 32303**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:**STANLEY, GLENDA J
325 JOHN KNOX ROAD
BLDG M SUITE 200
TALLAHASSEE, FL 32303 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: GLENDA J. STANLEY

05/12/2011

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: D
Name: HUTH, RICHARD
Address: 333 NORTH BYRON BUTLER PARKWAY
City-St-Zip: PERRY, FL 32347

Title: D
Name: WALBY, MICHAEL
Address: 404 E. ASH STREET
City-St-Zip: PERRY, FL 32347

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: GLENDA J. STANLEY

D

05/12/2011

Electronic Signature of Signing Officer or Director

Date