

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005223

FILED
Jul 23, 2008
Secretary of State

Entity Name: RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

2855 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

New Principal Place of Business:

2901 OVERSEAS HIGHWAY
SUITE 2
MARATHON, FL 33050 US

Current Mailing Address:

PO BOX 500370
MARATHON, FL 33050 US

New Mailing Address:

FEI Number: 65-0474953 **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:

SZUREK, MARK L PH. D.
2855 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

SMITH, DANIEL E PH. D.
2901 OVERSEAS HIGHWAY
SUITE 2
MARATHON, FL 33050 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: DANIEL E. SMITH

07/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILL, NICKI PH.D.
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: LUSE, ROBERT H
Address: 135 HARBOR LANE
City-St-Zip: TAVERNIER, FL 33070

Title: TD () Delete
Name: DENUES, LORI
Address: 287 WOODS AVE.
City-St-Zip: TAVERNIER, FL 33070

Title: SD () Delete
Name: CLEVER, DOROTHY
Address: 701 SPANISH MAIN DRIVE
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: DENUES, LORI
Address: 287 WOODS AVENUE
City-St-Zip: TAVERNIER, FL 33070

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

Title: TD (X) Change () Addition
Name: COHN, DAVID
Address: P.O. BOX 1099
City-St-Zip: TAVERNIER, FL 33070

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: DANIEL E. SMITH

CEO

07/23/2008

Electronic Signature of Signing Officer or Director

Date