

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000005274

FILED  
Dec 10, 2009  
Secretary of State

Entity Name: PANHANDLE AREA HEALTH NETWORK, INC.

## Current Principal Place of Business:

4349 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## New Principal Place of Business:

4440 LAFAYETTE STREET  
M  
MARIANNA, FL 32446 US

## Current Mailing Address:

4349 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## New Mailing Address:

9601 MICCOSUKEE RD  
54  
TALLAHASSEE, FL 32309 US

FEI Number: 59-3224895      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:

ANNIE, HOLLISTER E  
4349 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## Name and Address of New Registered Agent:

ROBERT, LOMBARDO A  
9601 MICCOUSKEE RD  
54  
TALLAHASSEE, FL 32309 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: ROBERT A. LOMBARDO

12/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CLEMMONS, JAMES  
Address: PO BOX 721  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: SHERREL, JOSEPH  
Address: 4316 FIFTH AVENUE  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: SEGERS, HOLLY  
Address: PO BOX 337  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: HAMPLE, DAVID  
Address: 4250 HOSPITAL DRIVE  
City-St-Zip: MARIANNA, FL 32447

Title: S ( ) Delete  
Name: KING-JOHNSON, VANESSA  
Address: 4298 FIFTH AVENUE  
City-St-Zip: MARIANNA, FL 32446

## 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: D (X) Change ( ) Addition  
Name: GILLIARD, RONALD  
Address: 20370 N.E. BURNS AVE.  
City-St-Zip: BLOUNTSTOWN, FL 32424

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: JAMES CLEMMONS

DIR

12/10/2009

Electronic Signature of Signing Officer or Director

Date