

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005274

FILED
Jan 23, 2010
Secretary of State

Entity Name: PANHANDLE AREA HEALTH NETWORK, INC.

Current Principal Place of Business:

4440 LAFAYETTE STREET
M
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

9601 MICCOSUKEE RD
54
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3224895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, LOMBARDO A
9601 MICCOUSKEE RD
54
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: C
Name: CLEMMONS, JAMES
Address: PO BOX 721
City-St-Zip: CHIPLEY, FL 32428

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

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

Title: D
Name: GILLIARD, RONALD
Address: 20370 N.E. BURNS AVE.
City-St-Zip: BLOUNTSTOWN, FL 32424

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

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

01/23/2010

Electronic Signature of Signing Officer or Director

Date