2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N93000005274

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:

5035 HIGHWAY 90
B
MARIANNA, FL 32448 US

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: 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 01/05/2011

Electronic Signature of Signing Officer or Director Date