

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 02, 2011**  
**Secretary of State**

DOCUMENT# N93000005274

**Entity Name:** PANHANDLE AREA HEALTH NETWORK, INC.**Current Principal Place of Business:**5035 HIGHWAY 90  
B  
MARIANNA, FL 32448 US**New Principal Place of Business:****Current Mailing Address:**9601 MICCOSUKEE RD  
54  
TALLAHASSEE, FL 32309 US**New Mailing Address:**325 JOHN KNOX ROAD  
BUILDING M, SUITE 200  
TALLAHASSEE, FL 32303 US**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:**GLENDA, STANLEY J  
325 JOHN KNOX ROAD  
BUILDING 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

06/02/2011

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: ED  
Name: STANLEY, GLENDA J  
Address: 325 JOHN KNOX ROAD, BUILDING M, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32303 US

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

ED

06/02/2011

Electronic Signature of Signing Officer or Director

Date