

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005274

FILED
Mar 22, 2012
Secretary of State

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:

325 JOHN KNOX ROAD
BUILDING M, SUITE 200
TALLAHASSEE, FL 32303 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:

GLEND A, STANLEY J
325 JOHN KNOX ROAD
BUILDING M, SUITE 200
TALLAHASSEE, FL 32303 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: HOLT, HOLLY
Address: PO BOX 337
City-St-Zip: BONIFAY, FL 32425

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

Title: D
Name: LONG, WILLIAM
Address: PO BOX 1610
City-St-Zip: MARIANNA, FL 32447

Title: D
Name: KING-JOHNSON, VANESSA
Address: 4298 FIFTH AVE
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: GLEND A J. STANLEY

ED

03/22/2012

Electronic Signature of Signing Officer or Director

Date