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FILED

Mar 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005306 (6)

1. Corporation Name

SUWANNEE VALLEY HEALTH NETWORK, INC.



Principal Place of Business

Mailing Address

11 W UNIVERSITY AVE  
SUITE 7  
GAINESVILLE FL 3260111 W UNIVERSITY AVE  
SUITE 7  
GAINESVILLE FL 32601-33263. Date Incorporated or Qualified  
11/23/19933a. Date of Last Report  
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3254762

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMLEY, CAROL J  
11 W UNIVERSITY AVE  
SUITE 7  
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MCCULLERS, NANCY  
STREET ADDRESS 1001 NOBLES FERRY ROAD  
CITY-ST-ZIP LIVE OAK FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MCCULLERS, NANCY  
1.3 STREET ADDRESS 915 NOBLES FERRY ROAD  
1.4 CITY-ST-ZIP LIVE OAK, FLTITLE VD ☐ DELETE  
NAME NASBY, TOM  
STREET ADDRESS 560 E FRANKLIN ST  
CITY-ST-ZIP LAKE CITY FL 320552.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE STD ☐ DELETE  
NAME BUCHANAN, STELLA  
STREET ADDRESS RT 3 BOX 10 HWY 27 WEST  
CITY-ST-ZIP MAYO FL 320663.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy McCullers, Ph.D.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 955-2264

Daytime Phone 10010481

CR2E037 (9/96)