

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005791

FILED
Feb 05, 2007
Secretary of State

Entity Name: HEARTLAND RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

1200 NORTH AVON BLVD
SUITE 109
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1200 NORTH AVON BLVD
SUITE 109
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0462144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, KEVIN J P
7205 S. GEORGE BOULEVARD
SEBRING, FL 33871 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: VP () Delete
Name: THAQI, PAULA M.D.
Address: 7205 SOUTH GEORGE BOULEVARD
City-St-Zip: SEBRING, FL 33875 US

Title: S/T () Delete
Name: BURNS, MARY KAY
Address: 34 SOUTH BALDWIN AVENUE
City-St-Zip: ARCADIA, FL 34266 US

Title: PP () Delete
Name: SANTANDER, WARREN L
Address: 900 N. ROBERT AVENUE
City-St-Zip: ARCADIA, FL 34265 US

Title: D () Delete
Name: WARREN, BLAKE
Address: 328 SOUTH CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: DUKE, DAVID
Address: 3015 CLINCH BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: OTTATI, DAVID A
Address: 533 WEST CARLTON STREET
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ADLER, LINDA
Address: 533 WEST CARLTON STREET
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN J. ROBERTS

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date