2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N93000005791

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:

REINHARDT, J R E.D.
1200 W. AVON BOULEVARD
SUITE 109
AVON PARK, FL 33825 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:	P	( ) Delete
Name:	ADLER, LINDA	
Address:	533 W. CARLTON STREET	
City-St-Zip:	WAUCHULA, FL 33873 US	
Title:	S/T	( ) Delete
Name:	HARSHBURGER, DANIEL B JR.	
Address:	149 K.D.REVELL ROAD	
City-St-Zip:	WAUCHULA, FL 33873 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:	GAYE, WILLIAMS	
Address:	950 C.R.17A WEST	
City-St-Zip:	AVON PARK, FL 33825	

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

I hereby certify that the information supplied with this filing does not qualify 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: J. RUDY REINHARDT E.D. 04/15/2009

Electronic Signature of Signing Officer or Director — Date