

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005791

FILED
Feb 08, 2011
Secretary of State

Entity Name: HEARTLAND RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

1200 WEST AVON BLVD
SUITE 109
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1200 WEST 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: PP
Name: ADLER, LINDA
Address: 533 W. CARLTON STREET
City-St-Zip: WAUCHULA, FL 33873 US

Title: P
Name: ROBBINS, DAVID K
Address: DAVIS ISLAND
City-St-Zip: TAMPA, FL 33601 US

Title: VP
Name: WARREN, BLAKE
Address: 328 S. CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703 US

Title: ST
Name: PALUSSEK, ROBERT
Address: 7205 S. GEORGE BOULEVARD
City-St-Zip: SEBRING, FL 33875

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

Title: D
Name: GAYE, WILLIAMS
Address: 950 C.R. 17A WEST
City-St-Zip: AVON PARK, FL 33825

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: J. RUDY REINHARDT

ED

02/08/2011

Electronic Signature of Signing Officer or Director

Date