

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005791

FILED  
Feb 09, 2012  
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:**

1200 WEST AVON BLVD  
SUITE 109  
AVON PARK, FL 33825 US

**Current Mailing Address:**

1200 WEST AVON BLVD  
SUITE 109  
AVON PARK, FL 33825

**New Mailing Address:**

1200 WEST AVON BLVD  
SUITE 109  
AVON PARK, FL 33825 US

**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: P.O. BOX 1289  
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

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date