2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N94000002799

Entity Name: ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

480 W. LOWDER ST.
C/O KERRY DUNLAVEY
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

644 CESERY BLVD
STE. 210
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3246566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALTH PLANNING COUNCIL OF NE FL, INC
644 CESERY BLVD
STE. 210
JACKSONVILLE, FL 32211 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: PRES
Name: DUNLAVEY, KERRY RN MPH
Address: 480 W LOWDER ST
City-St-Zip: MACCLENNY, FL 32063

Title: VP
Name: MOUZON, STELLA RN BSN
Address: 2591 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA
Name: WOOD, DEBBIE BSN MBA
Address: P.O DRAWER 817
City-St-Zip: PALATKA, FL 32178

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: KERRY DUNLAVEY PRES 01/05/2011

Electronic Signature of Signing Officer or Director — Date