

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002887

FILED  
Jan 19, 2007  
Secretary of State

**Entity Name:** COLLIER COUNTY RURAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

1454 WEST MADISON AVE.  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

1454 WEST MADISON AVE.  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 65-0808917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILLON, WILLIAM  
2920 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 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: D ( ) Delete  
Name: AUSBON, WILLIAM W.M.D  
Address: P O BOX 5293, N/A  
City-St-Zip: IMMOKALEE, FL

Title: C ( ) Delete  
Name: ARAGONA, SHARON  
Address: 1454 WEST MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL

Title: D ( ) Delete  
Name: FLAGG, DIANE  
Address: 3301 EAST TAMIAMI TRAIL, BLDG H 3RD FLR  
City-St-Zip: NAPLES, FL

Title: S ( ) Delete  
Name: READ, PAT  
Address: P O BOX 413029, N/A  
City-St-Zip: NAPLES, FL

Title: T ( ) Delete  
Name: HOUCK, ED  
Address: 9250 COLLEGE PARKWAY SUITE 3  
City-St-Zip: FORT MYERS, FL 33919

**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:

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: SHARON ARAGONA

C

01/19/2007

Electronic Signature of Signing Officer or Director

Date