

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90398 001 ***272.50

DOCUMENT # N94000002887

1. Entity Name
COLLIER COUNTY RURAL HEALTH NETWORK, INC.



Principal Place of Business
**1454 WEST MADISON AVE.
IMMOKALEE, FL 34142**

Mailing Address
**1454 WEST MADISON AVE.
IMMOKALEE, FL 34142**

66002196



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0808917

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLON, WILLIAM
2920 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AUSBON, WILLIAM W M.D
P O BOX 5293, N/A
IMMOKALEE, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Barbara Rumberger, M.D.
40 Heathwood Drive
Marco Island, FL 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ARAGONA, SHARON
1454 WEST MADISON AVENUE
IMMOKALEE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jeff Page
2705 S. Horseshoe Drive
Naples, FL 34104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLAGG, DIANE
3301 EAST TAMiami TRAIL, BLDG H 3RD FLR
NAPLES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
READ, PAT
P O BOX 413029, N/A
NAPLES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOUCK, ED
9250 COLLEGE PARKWAY SUITE 3
FORT MYERS, FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Estela Lozano
123 N. 4th Street
Immokalee, FL 34142** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Nancy Frees
419 N. 1st Street
Immokalee, FL 34142** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon B. Aragona 2/20/08 239-658-3025