

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002887

FILED
Feb 18, 2010
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
2618 CENTENNIAL PLACE
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
Name: KUZBYT, WILLIAM PSYD
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: PAGE, JEFF
Address: 2705 S HORSESHOE DR
City-St-Zip: NAPLES, FL 34104

Title: S
Name: FLAGG, DIANE
Address: 3301 E TAMiami TRAIL, BLDG H 3RD FLR
City-St-Zip: NAPLES, FL

Title: D
Name: READ, PAT
Address: 350 7TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

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

Title: D
Name: LOZANO, ESTELA
Address: 123 N 4TH ST
City-St-Zip: IMMOKALEE, FL 34142

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: WILLIAM KUZBYT PSYD

D

02/18/2010

Electronic Signature of Signing Officer or Director

Date