


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005229</b>	
1. Entity Name <b>LAKE OKEECHOBEE RURAL HEALTH NETWORK, INC.</b>	

<b>Principal Place of Business</b> 185 US HWY 27 S. S. BAY, FL 33493 US	<b>Mailing Address</b> P.O. BOX 881 S. BAY, FL 33493 US
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0661240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  KLEIN, RONALD J SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, MICHAEL 4450 S. TIFFANY DRIVE WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOBBAN-MARSAN, JACQUELINE 38750 STATE RD. 80 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, JOSEPH 408 E. DR. MARTIN LUTHER KING BLVD. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALIANT, MARTHA 1100 S OLYPIA STREET CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, MARILYN 185 US HWY 27 S SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBLEE, SANDRA 136 S. MAIN STREET BELLE GLADE, FL 33430

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IN THIS SPACE**

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:** Marilyn Leeds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06  
Date Daytime Phone #