2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# N94000005229

Entity Name: LAKE OKEECHOBEE RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

5725 CORPORATE WAY
SUITE 208
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

5725 CORPORATE WAY
SUITE 208
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0661240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEEDS, MARILYN
5725 CORPORATE WAY
SUITE 208
WEST PALM BEACH, FL 33407 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: C
Name: OWENS, TRACI
Address: 820 W. SUGARLAND HWY, SUITE 8
City-St-Zip: CLEWISTON, FL 33440

Title: VC
Name: CALSETTA, TERRI
Address: 39200 HOOKER HIGHWAY
City-St-Zip: BELLE GLADE, FL 33430 US

Title: S
Name: ENGLE, KARIS
Address: 141 SE AVE C
City-St-Zip: BELLE GLADE, FL 33430

Title: CEO
Name: LEEDS, MARILYN
Address: 5725 CORPORATE WAY, SUITE 208
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: MARILYN LEEDS CEO 03/17/2011

Electronic Signature of Signing Officer or Director Date