

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000452

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

4413 U.S. HWY 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

14114 ALABAMA ST  
JAY, FL 32565

**New Mailing Address:**

**FEI Number:** 59-3308216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUTCHINS, MICHAEL T  
14114 ALABAMA ST  
JAY, FL 32565 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: SALTER, DON  
Address: 6865 CAROLINE ST  
City-St-Zip: MILTON, FL 32570

Title: P  
Name: SMITH, DAVID  
Address: 14114 ALABAMA ST  
City-St-Zip: JAY, FL 32565

Title: V  
Name: HUTCHINS, MICHAEL T  
Address: 14114 ALABAMA ST  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TA  
Name: WESTMORELAND, DAYLE  
Address: 4955 ALABAMA STREET  
City-St-Zip: JAY, FL 32565

Title: SD  
Name: CAMPBELL, CLAY  
Address: 3425 HWY 4  
City-St-Zip: JAY, FL 32565

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: MICHAEL T HUTCHINS

VP

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date