

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001569

FILED
Apr 29, 2003
Secretary of State

Entity Name: BIG BEND HEALTH SERVICES, INC.

Current Principal Place of Business:

223 JOHN KNOX RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

223 JOHN KNOX RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3588152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, DAVID
223 JOHN KNOX RD.
TALLAHASSEE, FL 32303

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: PD () Delete
Name: CARVER, BOB
Address: 223 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: PERKINS, DAVID
Address: 223 JOHN KNOX RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPD () Delete
Name: CARVER, SUSAN
Address: 223 JOHN KNOX RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: KELLY, AMY M
Address: 223 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMY KELLY

VPD

04/29/2003

Electronic Signature of Signing Officer or Director

Date