

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED
May 21, 2013
Secretary of State
CC5857133273

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

14646 NW 151ST BLVD
ALACHUA, FL 32615

Current Mailing Address:

14646 NW 151ST BLVD
ALACHUA, FL 32615

FEI Number: 59-3112649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESH, MARILYN
14646 NW 151ST BLVD
ALACHUA, FL 32615 US

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

Officer/Director Detail :

Title S
Name CELESTE, SLANDE
Address PO BOX 100195
City-State-Zip: GAINESVILLE FL 32610

Title T
Name FORTNER, SCOTT
Address 3000 NW 83RD ST, W-002
City-State-Zip: GAINESVILLE FL 32606

Title VP
Name GAY, SHARON
Address 5124 NW US HWY 41
City-State-Zip: JASPER FL 32052

Title P
Name JONES, MATTIE
Address 149 SE COLLEGE PLACE
City-State-Zip: LAKE CITY FL 32025

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: SLANDE CELESTE

OFFICER

05/21/2013

Electronic Signature of Signing Officer/Director Detail

Date