

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005223

Entity Name: RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.**FILED**
Jan 16, 2016
Secretary of State
CC1096897010**Current Principal Place of Business:**3706 NORTH ROOSEVELT BLVD
SUITE D
KEY WEST, FL 33040-4566**Current Mailing Address:**3706 NORTH ROOSEVELT BLVD
SUITE D
KEY WEST, FL 33040-4566 US**FEI Number: 65-0474953****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMITH, DANIEL E
3706 NORTH ROOSEVELT BLVD
SUITE D
KEY WEST, FL 33040-4566 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 CD
Name MILLER, JOHN G
Address 700 ELIZABETH STREET
City-State-Zip: KEY WEST FL 33040Title TD
Name BAKOS, MARTHA
Address 5900 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040Title CEO
Name SMITH, DANIEL
Address 237 EAST CAHILL COURT
City-State-Zip: BIG PINE KEY FL 33043Title VD
Name ZAMORA-PARA, CARLOS ALEJANDRO
Address 5300 MACDONALD AVENUE
LOT #25
City-State-Zip: KEY WEST FL 33040Title SD
Name GROOMS, BETH ANN
Address 1415 THOMPSON STREET
City-State-Zip: KEY WEST FL 33040Title CFO
Name SCHULTZ, DANA
Address 828 WHITE STREET
#2
City-State-Zip: KEY WEST FL 33040

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: DANIEL SMITH**PRESIDENT & CEO****01/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date