2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 AM
Secretary of State

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Entity Name: RURAL HEALTH PARTNERSHIP OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3249335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 N.W. 33RD COURT
GAINESVILLE, FL 32607 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:	PD	( ) Delete
Name:	GOLDEN, KIM	
Address:	1110 SW GLENDALE ST	
City-St-Zip:	HIGH SPRINGS, FL 32643 US	
Title:	VD	( ) Delete
Name:	SHERROD, RHONDA	
Address:	1100 SW 11 ST	
City-St-Zip:	LIVE OAK, FL 32060 US	
Title:	SD	( ) Delete
Name:	HOWARD, PAMELA	
Address:	P.O. BOX 748	
City-St-Zip:	LAKE BUTLER, FL 32054 US	
Title:	TD	( ) Delete
Name:	SHIVELY, AUDREY	
Address:	P.O. BOX 2157	
City-St-Zip:	ALACHUA, FL 32615 US	

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:	TD	(X) Change ( ) Addition
Name:	YATES, DEWAYNE	
Address:	PO BOX 640	
City-St-Zip:	TRENTON, FL 32693 US	

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: KIM GOLDEN PD 03/14/2002

Electronic Signature of Signing Officer or Director — Date