

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005307

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

Current Principal Place of Business:

922 E. CALL STREET
C/O SHANDS @ STARKE
STARKE, FL 32091

Current Mailing Address:

1785 NW 80 BLVD.
GAINESVILLE, FL 32606

FEI Number: 59-3249335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELLER, JEFF
1785 NW 80TH BLVD
GAINESVILLE, FL 32606 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: JEFF FELLER

01/30/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HOLLAND, WINIFRED
Address 1801 N. TEMPLE AVE.
City-State-Zip: STARKE FL 32091

Title SD
Name MAULDIN, DIANE
Address 23320 N. STATE ROAD 235
City-State-Zip: BROOKER FL 32622

Title VD
Name LABARTA, MAGGIE
Address 4300 SW 13 STREET
City-State-Zip: GAINESVILLE FL 32608

Title TD
Name SHERROD, RHONDA
Address 368 NE FRANKLIN ST
City-State-Zip: LAKE CITY FL 32055

Title OTHER, REGISTERED AGENT
Name FELLER, JEFF
Address 1785 NW 80 BLVD.
City-State-Zip: GAINESVILLE FL 32606

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: JEFF FELLER

CEO

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date