2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2018
Secretary of State
CC6668314528

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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: Yes

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 04/25/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	SHAY, JULIE
Address	3000 NW 83RD STREET
City-State-Zip:	GAINESVILLE FL 32606

Title	VP
Name	KING, CANDICE
Address	23320 NORTH STATE ROAD 235
City-State-Zip:	BROOKER FL 32622

Title	PRESIDENT
Name	CARLISLE, PAM
Address	426 SW COMMERCE DRIVE SUITE 101
City-State-Zip:	LAKE CITY FL 32025

Title	TREASURER
Name	RIELS, ANITA
Address	911 SOUTH MAIN STREET
City-State-Zip:	TRENTON FL 32693

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 04/25/2018

Electronic Signature of Signing Officer/Director Detail — Date