2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2021
Secretary of State
4979617010CC

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: 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 05/01/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	SCHENTRUP, DENISE
Address	16939 SW 134TH AVE
City-State-Zip:	GAINESVILLE FL 32618

Title	SECRETARY
Name	VELASQUEZ, CAROL
Address	922 E CALL STREET
City-State-Zip:	STARKE FL 32091

Title	TREASURER
Name	CARLISLE, PAM
Address	4300 SW 13TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	PRESIDENT
Name	REMBERT, ANITA
Address	23343 NW COUNTY ROAD 236
City-State-Zip:	HIGH SPRINGS FL 32643

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 05/01/2021

Electronic Signature of Signing Officer/Director Detail — Date