2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2014
Secretary of State
CC5898047476

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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: 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 03/10/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	VD
Name	CARLISLE, PAM
Address	1847 SW BARNETT WAY
City-State-Zip:	LAKE CITY FL 32025

Title	TD
Name	MESH, MARILYN
Address	14646 NW 151 BLVD
City-State-Zip:	ALACHUA FL 32615

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 03/10/2014

Electronic Signature of Signing Officer/Director Detail — Date