

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740487

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** MANATEE COUNTY RURAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

12271 US HIGHWAY 301 N  
PARRISH, FL 342190106 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 499  
PARRISH, FL 342190106 US

**New Mailing Address:**

**FEI Number:** 59-1773262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRESHA, WALTER  
12271 US HIGHWAY 301 N  
PARRISH, FL 34219 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:** PCEO  
**Name:** PRESHA, WALTER L SR  
**Address:** 12271 US HWY 301 NORTH  
**City-St-Zip:** PARRISH, FL 34219

**Title:** VC  
**Name:** LOWERY, JUANINE  
**Address:** 4907 29TH AVE WEST  
**City-St-Zip:** BRADENTON, FL 34209

**Title:** S  
**Name:** LEYVA, LIVIA  
**Address:** 512 39TH ST W  
**City-St-Zip:** PALMETTO, FL 34221

**Title:** BM  
**Name:** YOUNG, VICTOR  
**Address:** P.O. BOX 499  
**City-St-Zip:** PARRISH, FL 34219

**Title:** BM  
**Name:** LAZARUS, MARC  
**Address:** 1605 MAIN STREET, SUITE 905  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** CH  
**Name:** LOWE, GARRY J  
**Address:** 1115 10TH STREET WEST  
**City-St-Zip:** PALMETTO, FL 34221

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:** WALTER L PRESHA SR

PCEO

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date