2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740487

FILED Jaņ 0<u>3, 2</u>012 Secretary of State

Entity Name: MANATEE COUNTY RURAL HEALTH SERVICES, INC.

New Principal Place of Business: Current Principal Place of Business:

12271 US HIGHWAY 301 N PARRISH, FL 342190106 US

Current Mailing Address: New Mailing Address:

PO BOX 499

PARRISH, FL 342190106 US

FEI Number: 59-1773262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PRESHA, WALTER PRESHA, WALTER SR 12271 UŚ HIGHWAY 301 N 12271 UŚ HIGHWAY 301 N PARRISH, FL 34219 PARRISH, FL 34219

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: WALTER L PRESHA SR

01/03/2012 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PCEO

PRESHA, WALTER L SR Name: 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:

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

Title: вм

Name: WALLACE, JAMES P O BOX 499 Address: City-St-Zip: PARRISH, FL 34219

Title: BM

CARNAGIE, PATRICK Name: P O BOX 499 Address: PARRISH, FL 34219 City-St-Zip:

Title:

LOWE, GARRY J Name: Address: P O BOX 499 PARRISH, FL 34219 City-St-Zip:

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** 01/03/2012