CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 740981 (6)

1. Corporation Name

RURAL HEALTH CARE, INCORPORATED

Principal Place of Business	Mailing Address
1302 RIVER STREET P.O. DRAWER 817 PALATKA FL 32177-5042	1302 RIVER STREET P.O. DRAWER 817 PALATKA FL 32177-5042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1977
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-1792958 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARK, RONALD E.
501 ST. JOHNS AVENUE
POST OFFICE DRAWER V
PALTAKA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, RUTH ANN	1.2 NAME		
STREET ADDRESS	CORNER OF WA. & PLUM	1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, SANDI	2.2 NAME		
STREET ADDRESS	P.O. BOX 1545	2.3 STREET ADDRESS	P. O. Box 1545	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	Palatka FL 32178 N/A	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	ZELTNER, ROBERT	3.2 NAME		
STREET ADDRESS	212 ADRIAN	3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, YVONNE	4.2 NAME		
STREET ADDRESS	430 FERN STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL	4.4 CITY-ST-ZIP		
TITLE	CEO	5.1 TITLE		☐ Change ☐ Addition
NAME	VANCE, SARA G.	5.2 NAME		
STREET ADDRESS	601 BOYLSTON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, VICKY	6.2 NAME		
STREET ADDRESS	101 LITTLE ACRES DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara G. Vance (904) 328-0108
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sara G. Vance, Chief Executive Officer

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7.	TITLE	D
7.2	NAME	DIXON, FLOSSIE
7.3	STREET ADDRESS	709 MADISON STREET
7.4	CITY-ST-ZIP	PALATKA FL 32177
8.	TITLE	D
8.2	NAME	DOLLAR, EDDIE
8.3	STREET ADDRESS	210 3RD AVENUE
8.4	CITY-ST-ZIP	WELAKA FL 32193
9.	TITLE	D
9.2	NAME	HALL, ISJE
9.3	STREET ADDRESS	118 VIVIAN DRIVE
9.4	CITY-ST-ZIP	HASTINGS FL 32145
10.	TITLE	D
10.2	NAME	HARRISON, CORA
10.3	STREET ADDRESS	203 CASE STREET
10.4	CITY-ST-ZIP	HASTINGS FL 32145
11.	TITLE	D
11.2	NAME	HENDRITH, SHIRLEY
11.3	STREET ADDRESS	904 NO. 10TH STREET
11.4	CITY-ST-ZIP	PALATKA FL 32177
12.	TITLE	D
12.2	NAME	JIMINEZ, MARIA
12.3	STREET ADDRESS	405 FLORIDA AVENUE
12.4	CITY-ST-ZIP	INTERLACHEN FL 32148
13.	TITLE	D
13.2	NAME	KEMP, LILLIAN
13.3	STREET ADDRESS	P. O. BOX 581 N/A
13.4	CITY-ST-ZIP	SAN MATEO FL 32187
14.	TITLE	D
14.2	NAME	NEWLAND, RANDY
14.3	STREET ADDRESS	2416 HUSSON AVENUE
14.4	CITY-ST-ZIP	PALATKA FL 32177
15.	TITLE	D
15.2	NAME	RAMIREZ, JOSE
15.3	STREET ADDRESS	P. O. BOX 883 N/A
15.4	CITY-ST-ZIP	CRESCENT CITY FL 32112

16.	TITLE	D
16.2	NAME	RICE, STANLEY
16.3	STREET ADDRESS	100 MAIN STREET
16.4	CITY-ST-ZIP	FRUITLAND FL 32112
17.	TITLE	D
17.2	NAME	SMITH, WEEZIE
17.3	STREET ADDRESS	336 EAST END ROAD
17.4	CITY-ST-ZIP	SAN MATEO FL 32187
18.	TITLE	D
18.2	NAME	TOLBERT, ROSA
18.3	STREET ADDRESS	528 WALKER ROAD
18.4	CITY-ST-ZIP	HASTINGS FL 32145
19.	TITLE	D
19.2	NAME	TRAPHOFNER, JOHN
19.3	STREET ADDRESS	RT 1, BOX 18TT
19.4	CITY-ST-ZIP	INTERLACHEN FL 32148