740981

Family Medical & Dental Centers

P.O. Drawer 817
Palatka, FL 32178-0817

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
✓	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

700002210077--3
-06/12/97--01037--005
*****35.00 *****35.00

FILED
97 JUN 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials	

CR2E031(1-95)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Rural Health Care, Incorporated

2. The mailing address of the corporation is : 1302 River Street
P. O. Drawer 817
Palatka, Florida 32177-5042

3. Date of incorporation/qualification: 12/8/77 Document number: 740981

4. The name and address of the current registered agent and office:

Ronald E. Clark
501 St. Johns Avenue
PO Drawer V
Palatka, Florida 32178-2138
US

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Donna J. Harshman
1302 River Street
Palatka, Florida 32177

FILED
97 JUN 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Ruth Ann Wilson 05/16/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Ruth Ann Wilson -President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Donna J. Harshman 5/19/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Donna J. Harshman Chief Fiscal Officer
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: $35.00

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 17, 1997

FAMILY MEDICAL & DENTAL CENTERS
P.O. DRAWER 817
PALATKA, FL 32178-0817

SUBJECT: RURAL HEALTH CARE, INCORPORATED
Ref. Number: 740981

We have received your document for RURAL HEALTH CARE, INCORPORATED and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 097A00032324