FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: **12/08/1977**
3a. Date of Last Report: **02/22/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	PD	☒ 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	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, SANDI		2.2 NAME		
STREET ADDRESS	P.O. BOX 1545 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VANCE, SARA G.		5.2 NAME	800001748518	
STREET ADDRESS	601 BOYLSTON ST		5.3 STREET ADDRESS	-03/19/96--01025--032	
CITY-ST-ZIP	INTERLACHEN FL		5.4 CITY-ST-ZIP	***61.25	
TITLE	TD	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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 1/23/96 904-325-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-7-96