2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740981

1. Entity Name

RURAL HEALTH CARE, INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90118 039 ****70.00

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1792958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANCE, SARA G 1302 RIVER STREET PALATKA FL 32177	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUGHES, YVONNE 430 FERN STREET SAN MATEO FL 32178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARSON, CHRIS 6470 BROOKLYN BAY ROAD KEYSTONE HEIGHTS FL 32656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BUSH, FRANK 1167 HWY. 19 SO. PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICE, STANLEY P O BOX 433A N/A CRESCENT CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, RUTH ANN PO BOX 642 INTERLACHEN, FL 32148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO VANCE, SARA G. 8014 HWY. 100 E. KEYSTONE HEIGHTS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOTSON, CAMILLE RT. 4 BOX 1144A PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARSON, CHRIS 6470 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Sara G Vance _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #