2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
02-26-2001 90543 032 ****70.00

0010303

DOCUMENT # 740981

1. Entity 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

814769

DO NOT WRITE IN THIS SPACE

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

VANCE, SARA G
1302 RIVER STREET
PALATKA FL 32177

7. Name and Address of New Registered Agent

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	C	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUSH, FRANK 1167 HWY 19 S PALATKA FL 32177	☐ Delete	V KEMP, LILLIAN 162 LIVE OAK DRIVE SAN MATEO, FL 32187	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, RUTH P.O. BOX 642 INTERLACHEN FL 32148	☐ Delete	T THOMAS, SABRINA 107 DUNAWAY STREET INTERLACHEN, FL 32148	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO VANCE, SARA G. 8014 HWY. 100 E. KEYSTONE HEIGHTS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARSON, CHRIS 6470 BROOKLYN BAY RD KEYSTONE HEIGHTS FL 32656	☐ Delete	S RICE, STANLEY 100 MAIN STREET CRESCENT CITY, FL 32112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Sara G. Vance Sara G. Vance, CEO 1/31/01 (904) 328-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #