

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740981

FILED
Apr 24, 2007
Secretary of State

Entity Name: RURAL HEALTH CARE, INCORPORATED

Current Principal Place of Business:

1302 RIVER STREET
PALATKA, FL 321775042

New Principal Place of Business:

Current Mailing Address:

1302 RIVER STREET
PALATKA, FL 321775042

New Mailing Address:

FEI Number: 59-1792958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VANCE, SARA G
1302 RIVER STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

YATES, P. DEWAYNE CEO
1302 RIVER STREET
PALATKA, FL 32177 US

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: P. DEWAYNE YATES

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: THOMAS, SABRINA
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: V/D () Delete
Name: HUGHES-SINGLETON, YVONNE
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: S/D () Delete
Name: MCKINNON, ANGELA
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: T/D () Delete
Name: GREEN, LLOYD A
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: CEO () Delete
Name: VANCE, SARA G
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BROWN, MARY L
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: SIMMONS, LASHONDA
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: CEO (X) Change () Addition
Name: YATES, P. DEWAYNE
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. DEWAYNE YATES

CEO

04/24/2007

Electronic Signature of Signing Officer or Director

Date