2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740981

FILED Apr 29, 2010 Secretary of State

Entity Name: RURAL HEALTH CARE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1302 RIVER STREET PALATKA, FL 321775042

Current Mailing Address: New Mailing Address:

P.O. DRAWER 817 PALATKA, FL 321780817

FEI Number: 59-1792958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YATES, P. DEWAYNE CEO

1302 RIVER STREET

PALATKA, FL 32177 US

SPENCER, LAURA M 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: LAURA M SPENCER 04/29/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C/D

Name: THOMAS, SABRINA CHAIR Address: 1302 RIVER STREET City-St-Zip: PALATKA, FL 32177

Title: V/D

Name: DEL CASTILLO-ESPANA, GILBERTO V CHAIR

Address: 1302 RIVER STREET City-St-Zip: PALATKA, FL 32177

Title: S/D

Name: MCKINNON, ANGELA SEC.
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: T/D

Name: SIMMONS, LASHONDA TREAS.

Address: 1302 RIVER STREET City-St-Zip: PALATKA, FL 32177

Title: CEO

 Name:
 SPENCER, LAURA M CEO

 Address:
 1302 RIVER STREET

 City-St-Zip:
 PALATKA, FL 32177

Title: CFC

Name: REID, JAMES E CFO Address: 1302 RIVER STREET City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: LAURA M SPENCER CEO 04/29/2010