

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740981

FILED
Mar 12, 2012
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:

P.O. DRAWER 817
PALATKA, FL 321780817

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:

SPENCER, LAURA M CEO
1302 RIVER STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: DEL CASTILLO-ESPANA, GILBERTO CHAIR
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

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

Title: S/D
Name: DEAN, KATHY SEC.
Address: 1302 RIVER STREET
City-St-Zip: PALATKA, FL 32177

Title: T/D
Name: CARSON, CHRISTOPHER 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: CFO
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

03/12/2012

Electronic Signature of Signing Officer or Director

Date