2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# N92000000776

Entity Name: COMMUNITY RURAL HEALTH, INC.

Current Principal Place of Business:

899 N. SUMMIT STREET
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

899 N. SUMMIT STREET
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-3531055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDICK, SAADEDINE
899 N. SUMMIT STREET
CRESCENT CITY, FL 32112 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: D ( ) Delete
Name: ELDICK, MOUSTAFA
Address: 899 N. SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: D ( ) Delete
Name: HOLSAPPLE, GERALD
Address: 158 LAKE STREET
City-St-Zip: POMONA PARK, FL 32181 US

Title: PTSD ( ) Delete
Name: ELDICK LE, SAADEDINE
Address: 899 N SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELDICK, MOUSTAFA
Address: 899 N. SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: D (X) Change ( ) Addition
Name: ELDICK, ADAM
Address: 899 N SUMMIT ST
City-St-Zip: CRESCENT CITY, FL 32112 US

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: MOUSTAFA ELDICK P 02/27/2006

Electronic Signature of Signing Officer or Director — Date