

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000776

FILED
Mar 30, 2010
Secretary of State

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:

ALDICK, 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: P
Name: ELDICK, MOUSTAFA
Address: 899 N. SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

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

Title: PTSD
Name: ALDICK, SAADEDINE
Address: 899 N SUMMIT STREET
City-St-Zip: CRESCENT CITY, FL 32112

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: MOUSTAFA ELDICK

P

03/30/2010

Electronic Signature of Signing Officer or Director

Date