

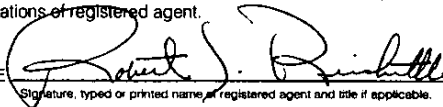
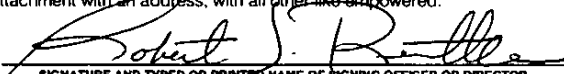


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 022 ****70.00

DOCUMENT # N93000001899 1. Entity Name THE FLORIDA RURAL HEALTH ASSOCIATION, INC.					
Principal Place of Business 16407 NW 174TH DR SUITE D ALACHUA, FL 32616 US			Mailing Address PO BOX 2157 ALACHUA, FL 32616 US		
2. Principal Place of Business - No P.O. Box # 2340 Hansen Lane Suite, Apt. #, etc.		3. Mailing Address 2340 Hansen Lane Suite, Apt. #, etc.		00040513 	
City & State Tallahassee FL Zip 32301		City & State Tallahassee FL Zip 32301		4. FEI Number 59-3193317	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESH, MARILYN 16407 NW 174TH DR SUITE D ALACHUA, FL 32615			7. Name and Address of New Registered Agent Name Robert J. Reinshuttle Street Address (P.O. Box Number is Not Acceptable) 2340 Hansen Lane City Tallahassee FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  8-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, JOE 5725 CORPORATE WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Robert J. Reinshuttle 2340 Hansen Lane Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEEDS, MARILYN PO BOX 881 SOUTH BAY, FL 33493	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKE, DAVID PO BOX 1289 TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, SHARON 328 S. CENTRAL AVE APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINHARDT, J. RUDY 1200 W AVON BLVD. STE 109 AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			8-4-08 (850) 942-1822 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					