

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005307

FILED
Mar 17, 2005
Secretary of State

Entity Name: RURAL HEALTH PARTNERSHIP OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3249335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 N.W. 33RD COURT
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

OLIVA, STEVEN J
18 N.W. 33RD COURT
GAINESVILLE, FL 32607 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: STEVEN J. OLIVA

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, CHAD
Address: PO BOX 2009
City-St-Zip: CROSS CITY, FL 326282009 US

Title: VD () Delete
Name: YATES, DEWAYNE
Address: PO BOX 640
City-St-Zip: TRENTON, FL 32693 US

Title: SD () Delete
Name: MESH, MARILYN
Address: PO BOX 2157
City-St-Zip: ALACHUA, FL 326162157 US

Title: TD () Delete
Name: KING, CANDICE
Address: 23320 N STATE RD 235
City-St-Zip: BROOKER, FL 32622 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: STEVEN J. OLIVA

ED

03/17/2005

Electronic Signature of Signing Officer or Director

Date