

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005307

FILED
Feb 28, 2007
Secretary of State

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

Current Principal Place of Business:

1015 NW 56TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

1785 NW 80TH BLVD
GAINESVILLE, FL 32606

Current Mailing Address:

1015 NW 56TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

1785 NW 80TH BLVD
GAINESVILLE, FL 32606

FEI Number: 59-3249335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, STEVEN J
1015 NW 56TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

OLIVA, STEVEN J
1785 NW 80TH BLVD
GAINESVILLE, FL 32606 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

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: BAKER, JEANNIE
Address: 922 E. CALL STREET
City-St-Zip: STARKE, FL 32091 US

Title: SD () Delete
Name: WALKER, LINDA
Address: 209 SE 1 STREET
City-St-Zip: TRENTON, FL 32693 US

Title: TD () Delete
Name: LOCKE, BARBARA
Address: PO BOX 40, 56 WEST MAIN
City-St-Zip: BRONSON, FL 32621 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOCKE, BARBARA
Address: PO BOX 40, 56 WEST MAIN
City-St-Zip: BRONSON, FL 32621 US

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

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

Title: TD (X) Change () Addition
Name: YATES, DEWAYNE
Address: PO BOX 640
City-St-Zip: TRENTON, FL 32693 US

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: STEVEN J OLIVA

RA

02/28/2007

Electronic Signature of Signing Officer or Director

Date