

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005307

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

575 SE 3RD AVE, SUITE 3
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

575 SE 3RD AVE, SUITE 3
PO BOX 646
LAKE BUTLER, FL 32054

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:

OLIVA, STEVEN J
1785 NW 80TH BLVD
GAINESVILLE, FL 32606 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: PD () Delete
Name: LOCKE, BARBARA
Address: PO BOX 40, 56 WEST MAIN
City-St-Zip: BRONSON, FL 32621 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: YATES, DEWAYNE
Address: PO BOX 640
City-St-Zip: TRENTON, FL 32693 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DAVIS, AMY
Address: 23320 N STATE ROAD 235
City-St-Zip: BROOKER, FL 32622 US

Title: SD (X) Change () Addition
Name: HOWARD, PAM
Address: 850 E MAIN STREET
City-St-Zip: LAKE BUTLER, FL 32054 US

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

I hereby certify that the information supplied with this filing does not qualify 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

04/22/2008

Electronic Signature of Signing Officer or Director

Date