

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005307

FILED
Jan 07, 2010
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:

922 E. CALL STREET
C/O SHANDS @ STARKE
STARKE, FL 32091

Current Mailing Address:

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

New Mailing Address:

1785 NW 80 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
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
Name: BAKER, JEANNIE
Address: 922 E CALL STREET
City-St-Zip: STARKE, FL 32091 US

Title: VD
Name: YATES, DEWAYNE
Address: 911 SOUTH MAIN STREET
City-St-Zip: TRENTON, FL 32693 US

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

Title: TD
Name: LABARTA, MAGGIE
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

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: STEVEN J. OLIVA

RA

01/07/2010

Electronic Signature of Signing Officer or Director

Date