

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 26, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1785 NW 80 BLVD.
GAINESVILLE, FL 32606

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
Name: HOLLAND, WINIFRED
Address: 1801 N. TEMPLE AVE.
City-St-Zip: STARKE, FL 32091 US

Title: SD
Name: MAULDIN, DIANE
Address: 23320 N. STATE ROAD 235
City-St-Zip: BROOKER, FL 32622

Title: TD
Name: LABARTA, MAGGIE
Address: 4300 SW 13 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

CEO

01/26/2011

Electronic Signature of Signing Officer or Director

Date