

# N95000001677

SWAINE AND HARRIS  
ATTORNEYS AT LAW, P. A.

BERT J. HARRIS, III  
J. MICHAEL SWAINE  
JOHN K. MCCLURE  
ALISON D. COPLEY  
WILLIAM J. NIELANDER

PLEASE REPLY TO:  
LAKE PLACID OFFICE ☒  
SEBRING OFFICE ☐

405 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870  
(813) 686-1849  
FAX: (813) 471-0008

610 INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852  
(813) 465-7811  
FAX: (813) 465-6999

March 15, 1995

8000001486768  
-03/22/95--01186--012  
\*\*\*\*122.50 \*\*\*\*122.50

State of Florida  
Department of State  
Corporate Division  
409 E. Gaines Street  
Tallahassee, Florida 32301

Re: FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC., a non-profit corporation

Gentlemen:

Enclosed is an original and one copy of the Articles of Incorporation for the above corporation. Please file the original in your offices and certify and return one copy to me.

I am enclosing my client's check in the amount of \$122.50, covering:

Filing fee	\$ 35.00
Certificate designating registered agent	\$ 35.00
Certified copy	\$ 52.50
Check enclosed	\$ 122.50

If you have any questions, please do not hesitate to call.

Cordially,

Bert J. Harris, III

BJH/dw  
enclosures - as stated

DMC  
3/23/95

~~2295, 626~~

FILED  
95 APR -7 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

March 23, 1995

BERT J. HARRIS, III, ESQUIRE  
SWAINE AND HARRIS  
212 INTERLAKE BOULEVARD  
LAKE PLACID, FL 33852

SUBJECT: FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.  
Ref. Number: W95000006525

We have received your document for FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 895A00013279

SWAINE AND HARRIS

ATTORNEYS AT LAW, P. A.

BERT J. HARRIS, III  
J. MICHAEL SWAINE  
JOHN K. McCLURE  
ALISON B. COPLEY  
WILLIAM J. NIELANDER

47A SOUTH COMMERCE AVENUE  
SEBRING, FL 88870  
(813) 888-1849  
FAX: (813) 471-0008

818 INTERLAKE BOULEVARD  
LAKE PLACID, FL 88852  
(813) 468-8811  
FAX: (813) 468-8888

PLEASE REPLY TO:  
LAKE PLACID OFFICE ☒  
SEBRING OFFICE ☐

April 3, 1995

State of Florida  
Department of State  
Corporate Division  
409 East Gaines Street  
Tallahassee, FL 32301

Attention: Doris McDuffie  
Corporate Specialist Supervisor

Re: FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS,  
INC.  
Ref. No. W95000006525  
Letter No. 895A000013279

Dear Ms. McDuffie:

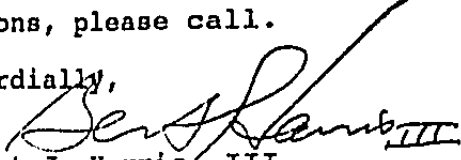
Enclosed is an original and one copy of the revised Articles of Incorporation pursuant to your letter dated March 23, 1995.

If the articles are now acceptable, please find the original in your office and certify and return one copy to me.

I understand that you are holding our client's check in the amount of \$122.50 for the filing fee.

If you have any questions, please call.

Cordially,

  
Bert J. Harris, III

BJH/dw  
enclosures - as stated

FILED

95 APR -7 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.  
(A Non-Profit Corporation)

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract hereby forms a non-profit corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of this corporation is: FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.

ARTICLE II PURPOSES AND POWERS

The purposes and powers of the corporation is to establish an association which will assist Rural Health Clinics in improving the delivery of quality cost effective health care in rural underserved areas.

- (a) To serve as a repository of basic information for clinics interested in becoming federally certified.
- (b) To provide education and training on pertinent issues facing Rural Health Clinics.
- (c) To provide collective representation for Rural Health Clinics.
- (d) To own, rent, lease, operate and maintain sufficient real and personal property to carry out the purposes hereinabove expressed.
- (e) To receive donations, gifts, or bequests of money or other property, and to accept the same, subject to such conditions or trusts as may be attached thereto, and to obligate itself to perform and execute, and to perform and execute, any and all such conditions or trusts.
- (f) To contract debts and to borrow money, to issue, sell and pledge bonds, debentures, notes and other evidences of indebtedness.
- (g) To do everything necessary, proper, advisable, or convenient for the accomplishment of the purposes or powers set forth in this article, and to do all other things incidental thereto or connected therewith, which are not forbidden by law or these articles or incorporation.

### ARTICLE III. MEMBERS

The Corporation shall be organized upon a membership basis. There shall be two classes of members, voting and non voting.

Federally designated Rural Health Clinics shall be eligible to be voting members, upon payment of dues as prescribed by the Board of Directors. Each voting member shall have the right to cast one vote for all matters requiring membership votes. Each member shall designate a representative of the member to cast such vote. The designated representative must be an owner, Board member of the member or an employee of the member.

Non voting members shall be known as Affiliate Members. Affiliate members may be any person interested in fostering the mission of the Corporation. Affiliate members shall not have the right to vote, nor shall they have the right to hold office. Affiliate members may be appointed by the Board of Directors to serve on committees.

Dues shall be determined from time to time by the Board of Directors.

### ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V. ADDRESS

The street address of the corporation in the State of Florida is 495 Faye Drive, Lake Placid, Florida 33852. The Board of Directors may from time to time move the principal office to any other address in Florida, and may establish branch offices in such other place or places as may be designated by the Board of Directors.

### ARTICLE VI. OFFICERS

The affairs of the corporation are to be managed by a president and secretary/treasurer and such other officers as may be provided in the by-laws, who shall be elected at the annual meeting of the members on Officers who are to serve until the first election of officers are;

JEANNE G. GOSSMAN, President  
495 Faye Drive  
Lake Placid, FL 33852

WILLIAM JOHN GILL, Secretary/Treasurer  
495 Faye Drive  
Lake Placid, FL 33852

#### ARTICLE VII. DIRECTORS

The corporation shall be managed by a board of not less than three (3) directors. Directors who are to serve until the first election of directors are:

James Cummings  
675 Harvard Street  
Brooksville, FL 34601

Mary Alice Tillman  
6199 Gulf to Lake Highway  
Crystal River, FL 34429

Gary Rexroat  
P. O. Box 640  
Trenton, FL 32693

The directors shall be elected by the membership at its annual meeting as outlined in the bylaws of the corporation.

#### ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JEANNE G. GOSSMAN  
495 Faye Drive  
Lake Placid, Florida 33852

The Incorporator of these Articles of Incorporation hereby assigns to this corporation her rights under Section 617, Florida Statutes, to constitute a corporation.

#### ARTICLE IX. AMENDMENT OF ARTICLES OF INCORPORATION AND BY-LAWS

The corporation reserves the right to amend, alter, change or appeal any provision contained in these articles of incorporation in the manner now or hereafter prescribed by law. Each amendment submitted to the members for approval must be approved by majority of the members entitled to vote thereon.

#### ARTICLE X. NON-PROFIT CHARACTER

This corporation is one which does not contemplate pecuniary gain or profit to the members, directors or officers. Upon dissolution of the corporation all corporate assets remaining after payment of all liabilities shall be distributed to charitable, religious, scientific, literary or educational organizations

FILED

ARTICLE XII REGISTERED OFFICE AND  
REGISTERED AGENT

95 APR -7 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FIVE DRIVE, LAKE

The corporation hereby designates as its registered office 495 Placid, Florida 33852 and its registered agent, JEANNE G GOSSMAN, who is located at the same address for service of process.

IN WITNESS WHEREOF, I, the undersigned Incorporator have hereunto set my hand and seal this 31th day of March 1995, for the purpose of forming this non-profit corporation under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of State of the State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true

*Jeanne G. Gossman*

JEANNE G GOSSMAN, Incorporator

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

THE FOREGOING INSTRUMENT was acknowledged before me this 31th day of March 1995, by JEANNE G. GOSSMAN, who is personally known to me or who has produced her identification.

Notary Public, State of Florida  
at Large  
(affix notarial seal)



*Elizabeth Rivera*

ELIZABETH RIVERA  
My Commission CC421045  
Expires Nov. 18, 1998  
Bonded by AND  
800-852-6878

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

*Jeanne G. Gossman*

JEANNE G GOSSMAN  
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT 21 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001677

1. Corporation Name

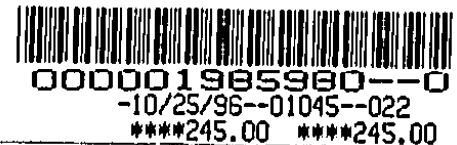
FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.

Principal Place of Business

Mailing Address

495 FAYE DRIVE  
LAKE PLACID FL 33852

495 FAYE DRIVE  
LAKE PLACID FL 33852



000001985980--0  
-10/25/96--01045--022  
\*\*\*\*245.00 \*\*\*\*245.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable  
225 US HWY 27 SOUTH  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
P.O. Box 3267  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1995

City & State  
LAKE PLACID, FL  
Zip  
33852  
Country  
HIGHLANDS

City & State  
LAKE PLACID, FL  
Zip  
33862  
Country  
HIGHLANDS

5. FEI Number

65-0576197

Applied For  
Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	GOSSMAN, JEANNE G	495 FAYE DRIVE 225 US HWY 27 S	LAKE PLACID FL 33852
ST	GILL, WILLIAM J	495 FAYE DRIVE 225 US HIGHWAY 27 SOUTH	LAKE PLACID FL 33852
D	CUMMINGS, JAMES	675 HARVARD STREET	BROOKSVILLE FL 34801
D	TILLMAN, MARY A	6199 GULF TO LAKE HWY	CRYSTAL RIVER FL 34429
D	REXROAT, GARY	P.O. BOX 640 N/A	TRENTON FL 32693

REINSTATEMENT 96

8. Name and Address of Current Registered Agent

GOSSMAN, JEANNE G  
495 FAYE DRIVE  
LAKE PLACID FL 33852

9. Name and Address of new Registered Agent

Name  
LFT 10-22-96  
Street Address (P.O. Box Number is Not Acceptable)  
225 US HIGHWAY 27 SOUTH  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
JEANNE G. GOSSMAN  
REGISTERED AGENT MUST SIGN

Date  
9-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JEANNE G. GOSSMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-96

Date

941/699-9977  
Daytime Phone #





FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 7, 1996

FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.  
PO BOX 3267  
LAKE PLACID, FL 33862

SUBJECT: FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.  
Ref. Number: N95000001677

We have received your document for FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC. and check(s) totaling \$175.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1996 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Andy Dunlap  
Document Specialist

Letter Number: 696A00045696