## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



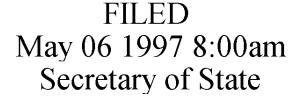
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600002593 (9)

RURAL HEALTH MANAGEMENT SOLUTIONS, INC.





Principal Place of Business  11 WEST UNIVERSITY AVENUE		Mailing Address  11 WEST UNIVERSITY AVENUE				1 ABBITTON DED PORTO DENTE DOLLE DOLLE BOTTO DOLLE BOTTO DELLE TOURS DELLE TOURS			
SUITE 7		SUITE 7							
GAINESVILLE FL 32601		GAINESVILLE FL 32601-3326			3. Date Incorporated or Qualified 05/08/1996	3a. Da	ate of Last I	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		<b>X</b> A	pplied For	
21		26					P -1	ot Applicable	
Suite, Apt.	₩, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired	ш	Fee R	lequired
City & Stat	е	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	—	untry		This corporation has liability for			s. 199.032,
24	[25]	29	30	· · ·			Yes 🕽		
	9. Name and Address of Curre	nt Hegistereo Agent		81	Name	10. Name and Address of New F	egistered	Agent	
				"	Name				
	Y, CAROL J		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
	UNIVERSITY AVENUE			83					
SUITE 7				03					
GAINESV	1LLE FL 32601			84	City			<b>85</b> Zip	Code
44 0		00 10474500 51 11 01		لـــا			<u>FL</u>	<u>.                                     </u>	
office or r	to the provisions of Sections 617.05t registered agent, or both, in the State	02 and 617.1508, Florida States of Florida. State	tutes, the a is authorize	ibov€ ed by	e-named cor v the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of ept the app	i changing iointment as	its registered s registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Sta	itutes	3.		-    -  -		
SIGNATURE					·	<u> </u>			
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	ICITE: Registeri		int signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIBECTO	DQ IM 10
TITLE	PD	DELETE	1.1 1			ADDITIONS/OFFANGES TO OFF	IOENO ANE	Change	Addition
NAME	SANDERS, TAMMY			1.P NAME				LLY change	
STREET ADDRESS	P.O. BOX 2147 N/A				ADDRESS				
CITY-ST-ZIP	CHEIFLND FL 32644			XTY-S					
TITLE	STD	☐ DELETE	2.11		11-511			Change	Addition
NAME	PEREZ, ROBERTO S			NAME					
STREET ADDRESS	850 E. MAIN STREET				ADDRESS	44	: :-		
CITY-ST-ZIP	LAKE BUTLER FL 32054			CHTY-9					1
TITLE	D			ITLE	31-211		···· · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			NAME						
STREET ADDRESS	RT. 2 BOX 673				ADDRESS				
CITY-ST-ZIP	OLD TOWN FL 32680			CITY - S					
TITLE	D	DELETE	4.1.1					Change	Addition
NAME	HOWARD, PAMELA			NAMÉ				3.	
STREET ADDRESS	P.O. BOX 748 N/A				ADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054			STY-S					
TITLE	D	DELETE	5.11					Change	Addition
NAME	MCCALL, KEN			MAME					
STREET ADDRESS	495 E. MAIN STREET				ADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054			DITY-S					
TITLE	D	DELETE		TITLE				Change	☐ Addition
NAME	MOTT, WILLIAM			NAME					_ :
STREET ADDRESS	ROUTE 1 BOX 797-A				ADDRESS				
CITY-ST-ZIP	TRENTON FL 32693			CITY-S					
0111-01-4f	I IIIPITIOITIE OCOGO		0.91	24 I - S	et - £IF				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.