

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000002593 (9)

1. Corporation Name

RURAL HEALTH MANAGEMENT SOLUTIONS, INC.



Principal Place of Business

Mailing Address

11 WEST UNIVERSITY AVENUE
SUITE 7
GAINESVILLE FL 32601

11 WEST UNIVERSITY AVENUE
SUITE 7
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number 59-3503001

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMLEY, CAROL J
11 WEST UNIVERSITY AVENUE
SUITE 7
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SANDERS, TAMMY
STREET ADDRESS P.O. BOX 2147 N/A
CITY-ST-ZIP CHEIFLND FL 32644

TITLE STD
NAME PEREZ, ROBERTO S
STREET ADDRESS 850 E. MAIN STREET
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D
NAME HAUSER, ALFRED
STREET ADDRESS RT. 2 BOX 673
CITY-ST-ZIP OLD TOWN FL 32680

TITLE D
NAME HOWARD, PAMELA
STREET ADDRESS P.O. BOX 748 N/A
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D
NAME MCCALL, KEN
STREET ADDRESS 495 E. MAIN STREET
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D
NAME MOTT, WILLIAM
STREET ADDRESS ROUTE 1 BOX 797-A
CITY-ST-ZIP TRENTON FL 32693

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

Kenneth McCall

(352) 955-2264

CR2E037 (10/97)