


FILE NOW: FILING FEE IS \$61.25

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Apr 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002593					
1. Corporation Name RURAL HEALTH MANAGEMENT SOLUTIONS, INC.					
Principal Place of Business 11 WEST UNIVERSITY AVENUE SUITE 7 GAINESVILLE FL 32601			Mailing Address 11 WEST UNIVERSITY AVENUE SUITE 7 GAINESVILLE FL 32601		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 59-3503001	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent GORMLEY, CAROL J. 11 WEST UNIVERSITY AVENUE SUITE 7 GAINESVILLE FL 32601				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, TAMMY	1.2 NAME	
STREET ADDRESS	P.O. BOX 2147 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEIFLND FL 32644	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ROBERTO S	2.2 NAME	
STREET ADDRESS	850 E. MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, ALFRED	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 673	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, PAMELA	4.2 NAME	
STREET ADDRESS	P.O. BOX 748 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, KEN	5.2 NAME	
STREET ADDRESS	495 E. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, WILLIAM	6.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 797-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL 32693	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (352) 955-2264

Date Daytime Phone #