

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90104 025 ****61.25

DOCUMENT # N96000002593

1. Entity Name
RURAL HEALTH MANAGEMENT SOLUTIONS, INC.

Principal Place of Business
18 N.W. 33RD COURT
GAINESVILLE, FL 32607

Mailing Address
18 N.W. 33RD COURT
GAINESVILLE, FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORMLEY, CAROL J.
11 W. UNIVERSITY AVENUE, STE. 7
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name **ORSINI, EDITH M.**

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

18 N.W. 33RD COURT

City **GAINESVILLE**

FL

Zip **32607**

8. 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.

EDITH M. ORSINI
EXECUTIVE DIRECTOR

03/09/00

SIGNATURE

Edith M. Orsini

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, TAMMY	
STREET ADDRESS	P.O. BOX 2147 N/A	
CITY-ST-ZIP	CHIEFLAND, FL 32644	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ROBERTO S.	
STREET ADDRESS	850 E. MAIN STREET	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, ALFRED	
STREET ADDRESS	RT. 2, BOX 673	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, PAMELA	
STREET ADDRESS	P.O. BOX 748 N/A	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, KENN	
STREET ADDRESS	495 E. MAIN STREET	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTT, WILLIAM	
STREET ADDRESS	RT. 1, BOX 797-A	
CITY-ST-ZIP	TRENTON, FL 32693	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/00

352/955-2264

CR2E037 (9/99)