FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000019585 (7)**

1. Corporation Name
RURAL HEALTH AMERICA, INC.

Principal Place of Business	Mailing Address
105 E MAIN STREET AVON PARK FL 33825	105 E MAIN STREET AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/11/1993**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3190040** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GELDART, MICHAEL D
240 FIRST AVENUE, 3RD FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: JEFF GARNER
82 Street Address (P.O. Box Number is Not Acceptable): 109 LAKE RENA DR.,
83
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JEFF GARNER 4/25/95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, MICHAEL	12 NAME		
STREET ADDRESS	9703 GUNSTON HALL RD	13 STREET ADDRESS		
CITY-ST-ZIP	FREDERICKSBURG VA 22408	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, DORIS	22 NAME		
STREET ADDRESS	9703 GUNSTON HALL RD	23 STREET ADDRESS		
CITY-ST-ZIP	FREDERICKSBURG VA 22408	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, TED D	32 NAME		
STREET ADDRESS	212 FARRELL LANE	33 STREET ADDRESS		
CITY-ST-ZIP	FREDERICKSBURG VA 22401	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	VP	☐ Change ☒ Addition
NAME	JEFF GARNER	42 NAME	JEFF GARNER	
STREET ADDRESS	109 LAKE RENA DR	43 STREET ADDRESS	109 LAKE RENA DR.	
CITY-ST-ZIP	LONGWOOD, FL 32779	44 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V.P. 4/25/95 407-682-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JEFF GARNER

0916007 CP