


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000008412		
1. Entity Name PANHANDLE RURAL HEALTH, INC.		

FILED

04 NOV -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 217 SOUTH ALABAMA STREET JAY, FL 32565	Mailing Address 217 SOUTH ALABAMA STREET JAY, FL 32565
--	--

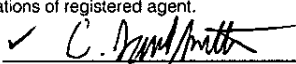
2. Principal Place of Business 14122 Alabama St. Suite, Apt. #, etc.	3. Mailing Address PO Box 10 Suite, Apt. #, etc.
--	--

City & State JAY FL	City & State JAY FL	4. FEI Number 59-3216460	Applied For Not Applicable
Zip 32565	Country US	Zip 32565	Country US

10202004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent SMITH, C D 217 SOUTH ALABAMA STREET JAY, FL 32565		7. Name and Address of New Registered Agent Name C David Smith Street Address (P.O. Box Number is Not Acceptable) 14122 Alabama St. City JAY FL Zip Code 32565	
--	--	---	--

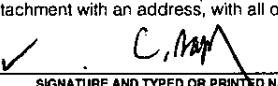
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  C D. Smith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, C D 5100 HIGHWAY 4 JAY, FL 32565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042239906 10/27/04--01023--009--**150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, 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:  C. David Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 850-675-4546 Daytime Phone #