

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90142 026 \*\*\*150.00

DOCUMENT # P94000008412



1. Entity Name

PANHANDLE RURAL HEALTH, INC.

Principal Place of Business

Mailing Address

14122 ALABAMA STREET  
JAY FL 32565

P.O. BOX 10  
JAY FL 32565



2. Principal Place of Business

3. Mailing Address

14088 Alabama St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jay, FL

4. FEI Number

59-3216460

Applied For

Not Applicable

Zip

Country

Zip

Country

32565

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, C D  
14122 ALABAMA STREET  
JAY FL 32565

Name

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

City

FL

Zip Code

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

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 May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SMITH, C D  
STREET ADDRESS 5100 HIGHWAY 4  
CITY-ST-ZIP JAY FL 32565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

850/675-4546

Date

Daytime Phone #