CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 17 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072871 (4)

1. Corporation Name
MARION RURAL HEALTH, INC.

Principal Place of Business	Mailing Address
120 N.E. 50TH AVENUE OCALA FL 34470	120 N.E. 50TH AVENUE OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 54-3273752	Applied For / Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No	

9. Name and Address of Current Registered Agent

CHERRY, RICHARD E III
120 N.E. 50TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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
Signature, type or print name of registered agent, and the date. (DATE: Registered Agent's signature required when mail is returned)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	CHERRY, RICHARD E III	12 NAME	
STREET ADDRESS	120 N.E. 50TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	14 CITY ST ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	CHERRY, TERESA A	22 NAME	
STREET ADDRESS	120 N.E. 50TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	OCALA FL 34470	24 CITY ST ZIP	
TITLE	D	31 TITLE	[X] Change [ ] Addition
NAME	MOLINSKY, RICHARD J	32 NAME	N/A RESIGNED
STREET ADDRESS	14 PINE RADIAL COURSE	33 STREET ADDRESS	
CITY ST ZIP	OCALA FL 34472	34 CITY ST ZIP	
TITLE	D	41 TITLE	[X] Change [ ] Addition
NAME	MOLINSKY, SUSAN A	42 NAME	N/A RESIGNED
STREET ADDRESS	14 PINE RADIAL COURSE	43 STREET ADDRESS	
CITY ST ZIP	OCALA FL 34472	44 CITY ST ZIP	
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	

3/17

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 added by attachment with an address.

SIGNATURE: Richard E Cherry JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95
Date

9046942778
Telephone Number