

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000072871 (4)

1. Corporation Name
MARION RURAL HEALTH, INC.



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

Mailing Address
120 N.E. 50TH AVENUE
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15932 E. State Rd. 40 Suite, Apt. #, etc.		2a. Mailing Address 26 15932 E. State Rd. 40 Suite, Apt. #, etc.	
22 City & State 23 Silver Springs, FL Zip Country 24 34488 25 USA		27 City & State 28 Silver Springs, FL Zip Country 29 34488 30 USA	
3. Date Incorporated or Qualified 10/01/1994		3a. Date of Last Report 09/18/1996	
4. FEI Number 59-3273752		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		X Yes [] 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, 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	PD	1.1 TITLE	[] Change [] Addition
NAME	CHERRY, RICHARD E III	1.2 NAME	
STREET ADDRESS	120 N.E. 50TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	[] Change [] Addition
NAME	CHERRY, TERESA A	2.2 NAME	
STREET ADDRESS	120 N.E. 50TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	[] Change [] Addition
NAME	HOFFMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	829 S.E. 24TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	[] Change [] Addition
NAME	HOFFMAN, ANGELA D	4.2 NAME	
STREET ADDRESS	829 S.E. 24TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 registered agent 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

Signature: [Signature] RICHARD E. CHERRY 7-29-97 3576252222

CR2E034 (4/97)