

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90041 002 ***158.75

DOCUMENT # P94000072871

1. Corporation Name

MARION RURAL HEALTH, INC.

Principal Place of Business

15932 E STATE RD 40
SILVER SPRINGS FL 34488
US

Mailing Address

15932 E STATE RD 40
SILVER SPRINGS FL 34488
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified -

10/01/1994

4. FEI Number

59-3273752

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 15932 E Hwy 40

Suite, Apt. #, etc.

23 City & State
Ocala FL

24 Zip
34488

25 Country
Marion

2a. Mailing Address

26 15932 E Hwy 40

Suite, Apt. #, etc.

28 City & State
Ocala FL

29 Zip
34470

30 Country
Marion

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 *Richard E. Cherry*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHERRY, RICHARD E III
STREET ADDRESS 120 N.E. 50TH AVENUE
CITY-ST-ZIP Ocala FL 34470

TITLE TD
NAME CHERRY, TERESA A
STREET ADDRESS 120 N.E. 50TH AVENUE
CITY-ST-ZIP Ocala FL 34470

TITLE VPD
NAME HOFFMAN, MICHAEL
STREET ADDRESS 829 S.E. 24TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE SD
NAME HOFFMAN, ANGELA D
STREET ADDRESS 829 S.E. 24TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Richard E. Cherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

352-625-7777

Daytime Phone #

CR2E034 (1/1/98)