

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 08, 2000 8:00 am**
Secretary of State

08-08-2000 90090 043 ***558.75

D0077242

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000072871			
1. Entity Name MARION RURAL HEALTH, INC.			
Principal Place of Business 15932 E HWY 40 OCALA FL 34488 US		Mailing Address 15932 E HWY 40 OCALA FL 34470 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3273752		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERRY, RICHARD E III 120 N.E. 50TH AVENUE OCALA FL 34470			
7. Name and Address of New Registered Agent 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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERRY, RICHARD E III 120 N.E. 50TH AVENUE OCALA FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHERRY, TERESA A 120 N.E. 50TH AVENUE OCALA FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHERRY, Teresa A 120 NE 50th Avenue Ocala, FL 34470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, MICHAEL 829 S.E. 24TH AVENUE OCALA FL 34471 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, ANGELA D 829 S.E. 24TH AVENUE OCALA FL 34471 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Richard E. Cherry III 7/17/00 352-684-4445			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			