

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072871

FILED
Jan 06, 2004
Secretary of State

Entity Name: MARION RURAL HEALTH, INC.

Current Principal Place of Business:

15932 E HWY 40
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

15932 E HWY 40
SILVER SPRINGS, FL 34488 US

New Mailing Address:

FEI Number: 59-3273752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHERRY, RICHARD E III
Address: 120 N.E. 50TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: CHERRY, TERESA A
Address: 120 NE 50TH AVE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. CHERRY, III

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date