

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000072871		
1. Entity Name MARION RURAL HEALTH, INC.		

Principal Place of Business 15932 E HWY 40 SILVER SPRINGS FL 34488 US	Mailing Address 15932 E HWY 40 SILVER SPRINGS FL 34488 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3273752** Applied For ☐ Not Applied ☐

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 _____	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

\$158.75

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	U000000433293 02/24/06-80012-002 158.75	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHERRY, TERESA A 120 NE 50TH AVE OCALA FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *James A. Chang* 1/27/06 352-225-777