

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072871

FILED  
Mar 11, 2009  
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 (X)

## Name and Address of Current Registered Agent:

CHERRY, TERESA A  
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, TERESA A  
Address: 120 N.E. 50TH AVENUE  
City-St-Zip: OCALA, FL 34470

Title: VPD ( ) Delete  
Name: SAN FILIPPO, ELIZABETH C  
Address: 120 NE 50TH AVE  
City-St-Zip: OCALA, FL 34470

Title: SEC ( ) Delete  
Name: CHERRY, RICHARD E IV  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TERESA A. CHERRY

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date