

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072871

FILED  
Jan 09, 2012  
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:**

SPOGEN, TERESA A  
1300 SE 42ND STREET  
OCALA, FL 34471 US

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: TERESA A SPOGEN

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SPOGEN, TERESA A  
Address: 1300 SE 42ND STREET  
City-St-Zip: OCALA, FL 34471

Title: VPD  
Name: SPOGEN, FREDERICK C III  
Address: 1300 SE 42ND STREET  
City-St-Zip: OCALA, FL 34471

Title: SEC  
Name: CHERRY, RICHARD E IV  
Address: 1300 SE 42ND STREET  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: TERESA A SPOGEN

PD

01/09/2012

Electronic Signature of Signing Officer or Director

Date