

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037866

FILED
Apr 27, 2012
Secretary of State

Entity Name: PALM GLADES RURAL HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

217 WEST AVENUE A
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

217 WEST AVENUE A
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0678427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURBS, KEITH
217 W AVE A
BELLE GLADE, FL 33430 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

OFFICERS AND DIRECTORS:

Title: P
Name: HURBS, KEITH
Address: 217 WEST AVE A
City-St-Zip: BELLE GLADE, FL 33430 UN

Title: V
Name: HURBS, ANN-MARIE
Address: 217 WEST AVE A
City-St-Zip: BELLE GLADE, FL 33430 UN

Title: P
Name: HURBS, KEITH W
Address: 217 WEST AVENUE A
City-St-Zip: BELLE GLADE,, FL 33430 UN

Title: P
Name: HURBS, KEITH W
Address: 217 WEST AVENUE A
City-St-Zip: BELLE GLADE,, FL 33430 UN

Title: P
Name: HURBS, KEITH W
Address: 217 WEST AVENUE A
City-St-Zip: BELLE GLADE,, FL 33430 UN

Title: P
Name: HURBS, KEITH W
Address: 217 WEST AVENUE A
City-St-Zip: BELLE GLADE,, FL 33430 UN

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: KEITH W. HURBS

CEO

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date