

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

0121628 AT

DOCUMENT # P97000015089

1. Entity Name
VOLUSIA RURAL HEALTH, INC.



08-21-2003 90166 001 *****8.75
08-21-2003 90166 002 ***550.00

Principal Place of Business
**12953 SE 118TH TERRACE
OCKLAWAHA FL 32179
US**

Mailing Address
**12953 SE 118TH TERRACE
#C
OCKLAWAHA FL 32179
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
delete #C

City & State

City & State

4. FEI Number **59-3443956**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEON, GLENN R.

2900 SE 58TH CT

#C

OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

12953 SE 118TH TERRACE

City **Ocklawaha**

FL

Zip Code

32179

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

Glenn McKeon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MINZENBURG, HOWARD C**
STREET ADDRESS **15740 SE 140TH AVE.**
CITY-ST-ZIP **WEIRSDALE FL 32195**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-03

(352) 427-4712

Date

Daytime Phone #

CR2E034 (4/03)