## **FILED** Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90371 006 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P99000003431

**DOCUMENT #** 1. Entity Name

RURAL MEDICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

i incipari id	JO OI DUSTINOS	9		Mailing Madress								
605 LAMAR AVE BROOKSVILLE FL 34601				605 LAMAR AVE BROOKSVILLE FL 34601								
2. Principal Place of Business				3. Mailing Address							11101 1101 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. 1	59-3271821	59-3271821 Applied Fo			]
Zip Country .				Zip Country			5. (	Certificate of Status Desired	- \$9.75 Additional			1
6. Name and Address of Current Re				stered Agent			7. 1	7. Name and Address of New Registered Agent				
	+ ~3	ير الجانسة يسياك والثيام		ن تعدد بيخسسون پيريد	-	`Name		mater that you are				7
CUMMINGS, JAMES R 605 LAMAR AVE				Street Address			ddress (P.O. E	s (P.O. Box Number is Not Acceptable)				
	ILLE FL 346	601									•	1
				City			· · · · · · · · · · · · · · · · · · ·	FL Zip Code				
8. The above	named entity	y submits this stateme	ent for the	e purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Florid	da.	•		1
SIGNATURE												
	Signature, typed	or printed name of registered	agent and t	tle if applicable. (NOTE	: Registere	d Agent signati	are required when re	einstating)	DATE		_	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			50.00	10. Election Campaign Finar Trust Fund Contribution.	icing		00 May Be if to Fees		
11.		OFFICERS	AND DIR	· · · · · · · · · · · · · · · · · · ·	12.			L DITIONS/CHANGES TO OFFIC	FRS AND	DIRECTOR	S IN 11	-
TITLE	Р	3111021101	1100011	Delete	TITLE		, , , ,	517701107011111111111111111111111111111		☐ Change	Addition	7:
NAME	CUMMING:	S, JAMES R			NAM		3					
STREET ADDRESS 605 LAMAR AVE.				ET ADDRESS						1		
CITY-ST-ZIP	BROOKSVI	LLE FL 34601			CITY	-ST-ZIP						jį
TITLE	VΡ			☐ Delete	THTLE					Change	Addition	7
NAME	<b>EDWARDS</b>				NAM	E		N.				
	605 LAMAI					ET ADDRESS						ľ
*CITY-ST-ZIP	BROOKSVI	LLE FL 34601			CITY	-ST-ZIP				_/_		
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NAME	COSNER, 1			· · · · · · · · · · · · · · · · · · ·	NAM		1	AMAR Are.	_	1		
STREET ADDRESS	633 WARD					ET ADDRESS	605 L	AMAR HVC.				1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	LLE FL 34601			CITY	-ST-ZIP				.,		4
TITLE	TS			Delete	TITLE				1	Change	Addition	ł
NAME	LYONS, JU				NAMI		1.0	LAMAR AVE.				
	633 WARD					ET ADDRESS	605	Munue III.				}
CITY-ST-ZIP	RKOOKSVI	LLE FL 34601		<u></u>	-	-ST-ZIP						4
TITLE				☐ Delete	TITLE				ļ	Change	☐ Addition	
NAME STREET ADDRESS					NAME							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS						
					+	-ST-ZIP				<b>_</b>		4
TITLE				Delete	TITLE				ļ	Change	Addition	
NAME CIBELL ADDRESS					NAME	ľ						ļ
STREET ADDRESS						ET ADDRESS - ST- 71P						-

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUCLUM ATTIMITIES DECKULA SENATURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 352799 5411 Date Dayline Phone •