# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P99000003431

1. Entity Name
RURAL MEDICAL ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 605 LAMAR AVE<br>BROOKSVILLE, FL 34601 | 605 LAMAR AVE<br>BROOKSVILLE, FL 34601 |

02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3271821
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, JAMES R
605 LAMAR AVE
BROOKSVILLE, FL 34601

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | CUMMINGS, JAMES R |
| STREET ADDRESS | 605 LAMAR AVE. |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | VP |
| NAME | EDWARDS, MONTE |
| STREET ADDRESS | 605 LAMAR AVE. |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | VP |
| NAME | COSNER, WILLIAM |
| STREET ADDRESS | 605 LAMAR AVE |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | TS |
| NAME | LYONS, JUDITH |
| STREET ADDRESS | 605 LAMAR AVE |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/07/07-80057-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Judith Lyons Judith Lyons 2-23-07 352 799 5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #