


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000003431</b> 1. Entity Name <b>RURAL MEDICAL ASSOCIATES, INC.</b>	
---	---

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



03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3271821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CUMMINGS, JAMES R 605 LAMAR AVE BROOKSVILLE, FL 34601</b>
---

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

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

**DO NOT WRITE IN THIS SPACE**

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 **4-1-08** **3527995411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #