

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740981

Entity Name: RURAL HEALTH CARE, INCORPORATED**Current Principal Place of Business:**146 COMFORT ROAD
PALATKA, FL 32177-8636**Current Mailing Address:**P.O. DRAWER 817
PALATKA, FL 32178-0817**FEI Number:** 59-1792958**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPENCER, LAURA M
146 COMFORT ROAD
PALATKA, FL 32177 US*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:** LAURA M SPENCER

01/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C/D
Name DEL CASTILLO-ESPANA, GILBERTO
CHAIR
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

Title V/D
Name THOMAS, SABRINA V CHAIR
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

Title S/D
Name DEAN, KATHY SEC.
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

Title T/D
Name MORENO, ROBERT TREAS.
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

Title CEO
Name SPENCER, LAURA M
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

Title CFO
Name GIACOMO, JOSEPH
Address 146 COMFORT ROAD
City-State-Zip: PALATKA FL 32177-8636

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA M. SPENCER

CEO

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date