2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2015
Secretary of State
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Entity Name: RURAL HEALTH CARE, INCORPORATED

Current Principal Place of Business:

1302 RIVER STREET
PALATKA, FL 32177-5042

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 MCEO
1302 RIVER STREET
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	C/D
Name	DEL CASTILLO-ESPANA, GILBERTO CHAIR
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

Title	S/D
Name	DEAN, KATHY SEC.
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

Title	CEO
Name	SPENCER, LAURA MCEO
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

Title	V/D
Name	THOMAS, SABRINA V CHAIR
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

Title	T/D
Name	CARSON, CHRISTOPHER TREAS.
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

Title	CFO
Name	REID, JAMES ECFO
Address	1302 RIVER STREET
City-State-Zip:	PALATKA FL 32177

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 PRESIDENT & CEO 03/04/2015

Electronic Signature of Signing Officer/Director Detail — Date