2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 21, 2010
Secretary of State

DOCUMENT# 754720

Entity Name: FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

173 ALBRITTON LN
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 249
LAKE CITY, FL 320567249

New Mailing Address:

FEI Number: 59-2086283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD
Name: PATTISON, DOROTHY
Address: 576 NW SPRING HOLLOW BLVD
City-St-Zip: LAKE CITY, FL 32055

Title: S
Name: TALMADGE, VICTORIA
Address: 321 SE FAWN GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: VP
Name: SCHAAFSMA, KEITH C
Address: 10278 SW TUSTENUGEE AVE
City-St-Zip: LAKE CITY, FL 32024

Title: PD
Name: LATOUR, LARRY
Address: 778 SW BISCAYNE GLEN
City-St-Zip: LAKE CITY, FL 32025

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: LARRY LATOUR PRES 05/21/2010

Electronic Signature of Signing Officer or Director — Date