

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003344

FILED
Apr 07, 2008
Secretary of State

Entity Name: PANHANDLE PRIMARY CARE CLINICS INC.

Current Principal Place of Business:

5336 10TH ST - STE B
MALONE, FL 32423

New Principal Place of Business:

Current Mailing Address:

4349 LAFAYETTE STREET
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 03-0558596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNIE, HOLLISTER E
4349 LAFAYETTE ST
MARIANNA, FL 32446 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: D () Delete
Name: ALTER, JOHN
Address: 4298 HATCHER ROAD
City-St-Zip: BASCOM, FL 32423 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LONG, WILLIAM
Address: POST OFFICE BOX 1610
City-St-Zip: MARIANNA, FL 32447 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM LONG

D

04/07/2008

Electronic Signature of Signing Officer or Director

Date