


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90009 022 ****61.25

DOCUMENT # N07000011089			
1. Entity Name OUR LADY OF GUADALUPE GUILD FOR HEALTHCARE WORKERS, DIOCESE OF PENSACOLA - TALLAHASSEE, INC.			
Principal Place of Business 2727 CAPITAL MEDICAL BLVD SUITE A TALLAHASSEE, FL 32308		Mailing Address 2727 CAPITAL MEDICAL BLVD SUITE A TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box # 2888 Mahan Dr. Suite, Apt. #, etc. Ste 6 City & State Tallahassee, FL Zip 32308 Country Leon		3. Mailing Address 2888 Mahan Dr Suite, Apt. #, etc. Ste 6 City & State Tallahassee, FL Zip 32308 Country Leon	
07072008		Chg-NP	CR2E037 (12/06)
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, H.W. MD 2727 CAPITAL MEDICAL BLVD SUITE A TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 <u>H.W. Oliver, M.D.</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, H.W. MD	NAME	2886 Mahan Dr Ste 6 Talla, FL
STREET ADDRESS	2727 CAPITAL MEDICAL BLVD SUITE A	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THABES, JOHN MD	NAME	
STREET ADDRESS	2617 MITCHUM DR. SUITE 103	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTHAZAR, EFROM MD	NAME	
STREET ADDRESS	2309 TRESMOTT DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 67, 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: <u>[Signature]</u>		Date: <u>070708</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	