

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 30, 2009  
Secretary of State

DOCUMENT# N07000011089

**Entity Name:** OUR LADY OF GUADALUPE GUILD FOR HEALTHCARE WORKERS, DIOCESE OF PENSACOLA - TALLAHASSEE, INC.

**Current Principal Place of Business:**

2888 MAHAN DR STE 6  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2888 MAHAN DR  
STE 6  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2888 MAHAN DR STE 6  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2888 MAHAN DR  
STE 6  
TALLAHASSEE, FL 32308

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OLIVER, H.W. MD  
2727 CAPITAL MEDICAL BLVD SUITE A  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

OLIVER, H.W. MD  
2888 MAHAN DR  
STE 6  
TALLAHASSEE, FL 32308 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: H. W. OLIVER, MD

06/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLIVER, H.W. MD  
Address: 2886 MAHAN DR STE 6  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: THABES, JOHN MD  
Address: 2617 MITCHUM DR. SUITE 103  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BALTHAZAR, EFROM MD  
Address: 2309 TRESMOTT DR  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: OLIVER, H.W. MD  
Address: 2886 MAHAN DR STE 6  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DR (X) Change ( ) Addition  
Name: THABES, JOHN MD  
Address: 2617 MITCHUM DR. SUITE 103  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: H W OLIVER, MD

DR

06/30/2009

Electronic Signature of Signing Officer or Director

Date