

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 007 ***150.00

DOCUMENT #

1. Entity Name

216832

EAST HILL CLINIC, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2421 N. 12th Ave

Suite, Apt. #, etc.

3. Mailing Address

2421 N. 12th Ave

Suite, Apt. #, etc.

50009095

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-0749378

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32503

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS R. BARROW

Street Address (P.O. Box Number is Not Acceptable)

2421 N. 12th Ave

City

PENSACOLA

FL

Zip Code

32503

**DO NOT WRITE
IN THIS SPACE**

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

Same

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

LOUIS R. BARROW

2421 N. 12th Ave

PENSACOLA, FL 32503

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis R. Barrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/05 (850) 432-5578

Date

Daytime Phone #

CR2E034B (12/02)