

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

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90370 006 ***150.00

DOCUMENT # *216832*

1. Entity Name

First Hill Clinic, Inc



DO NOT WRITE IN THIS SPACE

60024021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2421 N. 12th Ave

2421 N. 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Country

Zip

Country

32503

USA

32503

USA

4. FEI Number

Applied For

Not Applicable

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 *PD*
NAME *LOUIS R. BARROW*
STREET ADDRESS *2421 N. 12th Ave*
CITY-ST-ZIP *PENSACOLA, FL 32503*

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 16, 2006 (8:50) 434-5578
Date Daytime Phone #

CR2E034B (12/02)