


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729827</b> 1. Entity Name NEIGHBORHOOD HEALTH SERVICES, INC.	
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Principal Place of Business 438 WEST BREVARD ST TALLAHASSEE, FL 32301 US	Mailing Address 438 WEST BREVARD ST TALLAHASSEE, FL 32301 US
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**DO NOT WRITE IN THIS SPACE**



08272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7422549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMITH-MCGLOCKTON, INZLEA  
2301 SUFFOLK CT  
TALLAHASSEE, FL 32309

**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 \_\_\_\_\_ 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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, PATRICK 513 N MERIDIAN ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEITLER, MARGARET J 912 GROVELAND HILLS DRIVE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIRKSEY, OTIS 438 WEST BREVARD ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOZIER, WILLIAM 43 NUTHATCH TRAIL CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SMITH-MCGLOCKTON, INZLEA 2301 SUFFOLK CT TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD-FERGUSON, DORIS 1767 HERMITAGE BLVD TALLAHASSEE, FL 32308

U00000959243  
09/09/08-80002-028 61.25

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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 617, 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:  8-4-08 513-3260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Inzlea Smith-McGlockton