

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729827

FILED
Feb 06, 2012
Secretary of State

Entity Name: NEIGHBORHOOD HEALTH SERVICES, INC.

Current Principal Place of Business:

438 W. BREVARD ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

438 W. BREVARD ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 23-7422549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ORETHA D
438 W. BREVARD ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C
Name: KIRKSEY, OTIS
Address: 438 W. BREVARD ST.,
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: ED
Name: JONES, ORETHA D
Address: 438 W. BREVARD ST.,
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: T
Name: FORD, CURTIS
Address: 1578 THREE LANTERN LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: ABBERGER, LESTER
Address: 210 W. PARK AVENUE APT # 100
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: MOORE, DUNCAN
Address: 2179 MILLER LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S
Name: MCMILLAN, ALEXIS
Address: 6717 TIM TAM TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby 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 all other like empowered.

SIGNATURE: ORETHA JONES

E.D.

02/06/2012

Electronic Signature of Signing Officer or Director

Date