

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90021 044 ****61.25

DOCUMENT # 731681

1. Entity Name

JUDEO-CHRISTIAN HEALTH CLINIC, INC.



Principal Place of Business

4118
4120 1/2 NORTH MACDILL AVE.
TAMPA FL 33607

Mailing Address

4118
4120 1/2 NORTH MACDILL AVE.
TAMPA FL 33607



2. Principal Place of Business

4118 N. MacDill Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Tampa, FL

City & State

4. FEI Number

59-1605647

Applied For

Not Applicable

Zip

33607

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMANN, PHILLIP
512 E. KENNEDY BLVD.
SUITE 1500
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME ALVAREZ, MANUEL
STREET ADDRESS 4144 NORTH ARMENIA AVENUE
CITY-ST-ZIP TAMPA FL 33607

TITLE PD ☐ Delete
NAME CAMPBELL, SYLVIA M.D.
STREET ADDRESS 217 S. MATANZAS
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ Delete
NAME GARCIA, FRANK J
STREET ADDRESS 8205 EAST ADAMS DRIVE
CITY-ST-ZIP TAMPA FL 33619

TITLE ED ☐ Delete
NAME DREIER, BEA
STREET ADDRESS 4120 1/2 N MACDILL AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE BMAD ☐ Delete
NAME BAUMANN, PHILLIP A
STREET ADDRESS 100 S ASHLEY DR SUITE 1500
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sea Davis*

1-24-06 813-870-3231