

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 731681

1. Entity Name
JUDEO-CHRISTIAN HEALTH CLINIC, INC.



Principal Place of Business
**4118 N MACDILL AVE
TAMPA, FL 33607**

Mailing Address
**4118 N MACDILL AVE
TAMPA, FL 33607**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1605647

Applied For
Not Applicable

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000581454
01/10/07-80089-005 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/07 813-223-2202