2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 731681

Entity Name: JUDEO-CHRISTIAN HEALTH CLINIC, INC.

Current Principal Place of Business:

4118 N MACDILL AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4118 N MACDILL AVE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1605647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAUMANN, PHILLIP
512 E. KENNEDY BLVD.
SUITE 1500
TAMPA, FL 33602 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:	V	( ) Delete
Name:	ALVAREZ, MANUEL	
Address:	4144 NORTH ARMENIA AVENUE	
City-St-Zip:	TAMPA, FL 33607	
Title:	PD	( ) Delete
Name:	CAMPBELL, SYLVIA M.D.	
Address:	217 S. MATANZAS	
City-St-Zip:	TAMPA, FL	
Title:	SD	( ) Delete
Name:	GARCIA, FRANK J	
Address:	8205 EAST ADAMS DRIVE	
City-St-Zip:	TAMPA, FL 33619	
Title:	ED	( ) Delete
Name:	NELSON, KELLY	
Address:	4120 1/S N. MACDILL AVE.	
City-St-Zip:	TAMPA, FL 33607	
Title:	BMAD	( ) Delete
Name:	BAUMANN, PHILLIP A	
Address:	100 S ASHLEY DR SUITE 1500	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	( ) Change (X) Addition
Name:	DEBEVOISE, JOHN	
Address:	3501 SAN JOSE	
City-St-Zip:	TAMPA, FL 33629	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SYLVIA CAMPBELL P 05/01/2009

Electronic Signature of Signing Officer or Director — Date