

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731681

FILED
May 01, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

CAMPBELL, SYLVIA
217 SOUTH MATANZAS AVE.
TAMPA, FL 33609 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
Name: ALVAREZ, MANUEL
Address: 2028 E. 7TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: PD
Name: CAMPBELL, SYLVIA M.D.
Address: 217 S. MATANZAS
City-St-Zip: TAMPA, FL

Title: SD
Name: GARCIA, FRANK J
Address: 2318 W. COLUMBUS DR.
City-St-Zip: TAMPA, FL 33607

Title: ED
Name: BELL, KELLY
Address: 4118 N. MACDILL AVE.
City-St-Zip: TAMPA, FL 33607

Title: BMAD
Name: BAUMANN, PHILLIP A
Address: P.O. BOX 399
City-St-Zip: TAMPA, FL 33601

Title: T
Name: DEBEVOISE, JOHN
Address: 3501 SAN JOSE
City-St-Zip: TAMPA, FL 33629

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: KELLY BELL

ED

05/01/2012

Electronic Signature of Signing Officer or Director

Date