

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739733

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CLEARWATER FREE CLINIC, INC.

**Current Principal Place of Business:**

707 N FT HARRISON AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

707 N FT HARRISON AVE  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 59-1852871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAPIRO, JEAN R  
707 N FT HARRISON  
CLEARWATER, FL 33755      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: D      ( ) Delete  
Name: MEEK, JOHN JR  
Address: 1211 CRT ST  
City-St-Zip: BELLEAIR, FL 33756

Title: D      ( ) Delete  
Name: STAFFORD, CONNIE  
Address: 206 HARBORVIEW LANE  
City-St-Zip: LARGO, FL 33770

Title: T      ( ) Delete  
Name: LIVINGSTON, BRUCE  
Address: 12900 44TH ST. N.  
City-St-Zip: CLEARWATER, FL 33762

Title: D      ( ) Delete  
Name: ROTHMAN, JACK M.D.  
Address: 601 MAIN ST.  
City-St-Zip: DUNEDIN, FL 34683

Title: P      ( ) Delete  
Name: BOUTON, STEVE  
Address: 748 SEVERS LANDING  
City-St-Zip: PALM HARBOR, FL 33755

Title: D      ( ) Delete  
Name: MORGAN, VICKI  
Address: 301 CEDAR ST.  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: LIVINGSTON, BRUCE  
Address: 12900 44TH ST. N.  
City-St-Zip: CLEARWATER, FL 33762

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: GUNDERSON, BRIAN  
Address: 29750 US HWY 19N 101  
City-St-Zip: CLEARWATER, FL 33761

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: BRIAN L. GUNDERSON

VP

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date