

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90143 012 ****61.25

DOCUMENT # N00000008293

1. Entity Name

SANTA ROSA COMMUNITY CLINIC, INC.

Principal Place of Business

Mailing Address

352 SAN CLEMENTE DR
MILTON FL 32583

352 SAN CLEMENTE DR
MILTON FL 32583

2. Principal Place of Business

5520 STEWART ST.

3. Mailing Address

5520 STEWART ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON FLORIDA

City & State

MILTON, FLORIDA

4. FEI Number

31-1746599

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, RODNEY M
352 SAN CLEMENTE DR
MILTON FL 32583

Name

DON TURNER

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

5520 STEWART ST.

City

MILTON

FL

Zip Code

32570

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.

SIGNATURE Don Turner / DON TURNER

2/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PORTER, JOHN
P.O. BOX 17500
PENSACOLA FL 32522 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
D'HERON, RON
1450 BERRYHILL RD
MILTON FL 32570 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WYROSICK, CRAIG MD
3874 HWY 90
PACE FL 32571 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHLENKER, PATRICK
5151 N NINTH AVE
PENSACOLA FL 32504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUTTON, E.W.
P.O. BOX 929
MILTON FL 32572 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, GUY
P.O. BOX 284
MILTON FL 32572 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

E.W. SUTTON, M.D. 2/26/02

Date

Daytime Phone #

(850)
983-5200

CR2E037 (9/01)