

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90035 039 ****61.25

DOCUMENT # N00000008293

1. Entity Name
SANTA ROSA COMMUNITY CLINIC, INC.



Principal Place of Business
**5520 STEWART ST
MILTON, FL 32570**

Mailing Address
**5520 STEWART ST
MILTON, FL 32570**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number
31-1746599

Applied For
Not Applicable

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

**TURNER, DON
5520 STEWART ST
MILTON, FL 32570**

Name

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

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE NAME ☐ Delete
D HAYES, KAREN
STREET ADDRESS **8383 N. DAVIS HWY.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE NAME ☐ Delete
D WYROSDICK, CRAIG MD
STREET ADDRESS **3874 HWY 90**
CITY-ST-ZIP **PACE, FL 32571**

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☒ Change ☒ Addition
TO CHERYL SADDO
5151 N. NINTH AVE
PENSACOLA FL 32504

TITLE NAME ☒ Change ☐ Addition
VPD PD
STREET ADDRESS **6745 TRAMMEL DR.**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE NAME ☐ Change ☒ Addition
D BURNS, KAY
STREET ADDRESS **6002 BERRYHILL RD.**
CITY-ST-ZIP **MILTON, FL 32570**

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, MD

3/16/04

Date

850 623-3707

Daytime Phone #