


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008293 1. Entity Name SANTA ROSA COMMUNITY CLINIC, INC.	
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Principal Place of Business 5520 STEWART ST MILTON, FL 32570	Mailing Address 5520 STEWART ST MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1746599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, DON 5520 STEWART ST MILTON, FL 32570

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTER, JOHN P.O.BOX 17500 PENSACOLA, FL 32522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYES, KAREN 8383 N. DAVIS HWY. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADRO, CHERYL 5151 N NINTH AVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTON, E.W. 6745 TRANNEL DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, KAY 6002 BERRYHILL RD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000572600 07/28/06-80005-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Don R. Turner</i> DON R. TURNER	Date 7/21/06 (850) 436-4630
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>