2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N00000008293

Entity Name: SANTA ROSA COMMUNITY CLINIC, INC.

Current Principal Place of Business:

5520 STEWART ST
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5520 STEWART ST
MILTON, FL 32570

New Mailing Address:

FEI Number: 31-1746599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNER, DON
5520 STEWART ST
MILTON, FL 32570 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: VPD ( ) Delete
Name: PORTER, JOHN
Address: P.O.BOX 17500
City-St-Zip: PENSACOLA, FL 32522

Title: SD ( ) Delete
Name: HOBBS, MARGIE
Address: 8383 N. DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete
Name: ELMORE, BUDDY
Address: 5151 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: PD ( ) Delete
Name: SUTTON, E.W.
Address: 6745 TRANNEL DR
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: RINKS, KEVIN
Address: 6002 BERRYHILL RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BUDDY ELMORE TD 03/23/2009

Electronic Signature of Signing Officer or Director — Date