

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90227 048 ****61.25

DOCUMENT # N00000008293

1. Entity Name

SANTA ROSA COMMUNITY CLINIC, INC.



Principal Place of Business

Mailing Address

**5520 STEWART ST
MILTON FL 32570**

**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

6. Name and Address of Current Registered Agent

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

4. FEI Number **31-1746599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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

APRIL 1, 2003

**(850)
983-5200**

CR2E037 (10/02)