

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001902

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: GOOD HEALTH CLINIC INC.

## Current Principal Place of Business:

91555 OVERSEAS HWY  
#1  
TAVERNIER, FL 33070

## Current Mailing Address:

91555 OVERSEAS HWY  
#1  
TAVERNIER, FL 33070

## New Principal Place of Business:

91555 OVERSEAS HWY  
#2  
TAVERNIER, FL 33070

## New Mailing Address:

91555 OVERSEAS HWY  
#2  
TAVERNIER, FL 33070

FEI Number: 04-3745805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YANKOW, SANFORD  
91555 OVERSEAS HIGHWAY  
# 1  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

ANDERSON, NORMA  
91555 OVERSEAS HIGHWAY  
# 2  
TAVERNIER, FL 33070 US

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: NORMA ANDERSON

01/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CHR ( ) Delete  
Name: YANKOW, SANFORD DR.  
Address: 91555 OVERSEAS HIGHWAY, SUITE 1  
City-St-Zip: TAVERNIER, FL 33070

Title: TRSR ( ) Delete  
Name: TOLLEY, SHAWN  
Address: 97665 OVERSEAS HIGHWAY  
City-St-Zip: KEY LARGO, FL 33037

Title: VCHR ( ) Delete  
Name: BATTREAL, CATHY  
Address: 87899 OVERSEAS HIGHWAY  
City-St-Zip: PLANTATION, FL 33070

Title: SECY ( ) Delete  
Name: CLARK, CHRISTINE  
Address: 127 SOUTH ROLLING HILL  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: YANKOW, SANFORD L MD  
Address: 91555 OVERSEAS HIGHWAY, SUITE 2  
City-St-Zip: TAVERNIER, FL 33070

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

Title: VCHR (X) Change ( ) Addition  
Name: DERFLER, FRANK  
Address: 91555 OVERSEAS HIGHWAY #2  
City-St-Zip: TAVERNIER, FL 33070

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: SANFORD L YANKOW

DIR

01/21/2009

Electronic Signature of Signing Officer or Director

Date