

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001902

FILED  
Feb 10, 2010  
Secretary of State

Entity Name: GOOD HEALTH CLINIC INC.

## Current Principal Place of Business:

91555 OVERSEAS HWY  
#2  
TAVERNIER, FL 33070

## New Principal Place of Business:

## Current Mailing Address:

91555 OVERSEAS HWY  
#2  
TAVERNIER, FL 33070

## New Mailing Address:

FEI Number: 04-3745805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, NORMA  
91555 OVERSEAS HIGHWAY  
# 2  
TAVERNIER, FL 33070 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: DIR  
Name: YANKOW, SANFORD L MD  
Address: 91555 OVERSEAS HIGHWAY, SUITE 2  
City-St-Zip: TAVERNIER, FL 33070

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

Title: VCHR  
Name: WARD, DENNIS  
Address: 112 MONROE DR BLDG #4 APT 11  
City-St-Zip: TAVERNIER, FL 33070

Title: SECY  
Name: SINERVO, PATRICIA  
Address: 163 CASA CT  
City-St-Zip: TAVERNIER, FL 33070

Title: CHR  
Name: FOLEY, ROBERT DVM  
Address: PO BOX 369  
City-St-Zip: ISLAMORADA, FL 33036

I hereby 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 all other like empowered.

SIGNATURE: NORMA ANDERSON

RA

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date