

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001902

FILED
Feb 13, 2011
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: SEC
Name: HERSHOFF, NANCY
Address: 90130 OLD HWY
City-St-Zip: TAVERNIER, FL 33070

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

Title: DIR
Name: PIERCE, BRENDA
Address: 103400 OVERSEAS HWY #243
City-St-Zip: KEY LARGO, FL 33037

Title: PRES
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

Title: VP
Name: EKBLUM, BRETT
Address: 136 S HAMMOCK RD
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

02/13/2011

Electronic Signature of Signing Officer or Director

Date