

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005533

Entity Name: HIV CARE CENTER, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Principal Place of Business:

5153 N NINTH AVE STE 305
PENSACOLA, FL 32504

Current Mailing Address:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Mailing Address:

5153 N NINTH AVE STE 305
PENSACOLA, FL 32502

FEI Number: 20-2970550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

WADE, BARBARA H MD
5153 N NINTH AVE STE 305
PENSACOLA, FL 32504 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: BARBARA H. WADE, MD

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WADE, BARBARA H MD
Address: 5153 N. 9TH AVENUE SUITE 305
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BROWN, ANN B RN
Address: 5153 N. 9TH AVENUE SUITE 305
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: DUNLAP, LAURA W
Address: 5153 N. 9TH AVENUE SUITE 305
City-St-Zip: PENSACOLA, FL 32504

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA H. WADE, MD

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date