

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 16, 2010
Secretary of State

DOCUMENT# N05000005533

Entity Name: HIV CARE CENTER, INC.**Current Principal Place of Business:**5153 N NINTH AVE STE 305
PENSACOLA, FL 32504 US**New Principal Place of Business:****Current Mailing Address:**5153 N NINTH AVE STE 305
PENSACOLA, FL 32504 US**New Mailing Address:****FEI Number:** 20-2970550**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WADE, BARBARA H MD
5153 N NINTH AVE STE 305
PENSACOLA, FL 32504 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: C
Name: MCALPIN, TIP
Address: 900 E. MORENO ST.
City-St-Zip: PENSACOLA, FL 32503 US

Title: VC
Name: SCHILD, BRAD
Address: 4980 N. 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32504 US

Title: S
Name: BAILEY, LAURIE
Address: 1600 E. 34TH STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: M
Name: MORRIS-CONNER, PAULA
Address: 3870 BAISDEN RD.
City-St-Zip: PENSACOLA, FL 32503 US

Title: M
Name: STANFORD, LARRY S
Address: 75 FAIRPOINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: M
Name: MERRILL, CATE
Address: 5153 N 9TH AVENUE, SUITE 305
City-St-Zip: PENSACOLA, FL 32504

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: BARBARA H. WADE, M.D.

RA

08/16/2010

Electronic Signature of Signing Officer or Director

Date