2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000006409

1. Entity Name

OUR LADY OF ANGELS ST. JOSEPH'S MEDICAL CLINIC, INC.

Principal Place of Business	Mailing Address
131 W INTENDENCIA ST PENSACOLA FL 32502	131 W INTENDENCIA ST PENSACOLA FL 32502

66014550

02/17/06 90074 027
1st MOORE CR2E037 (10/05) $70.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	140 W. Government St Suite, Apt. #, etc.
City & State	City & State: Pensacola, FL
Zip / Country	Zip: 32501 / Country: Escambia

4. FEI Number: 04-3828416 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, CAFFEY 131 W INTENDENCIA ST PENSACOLA FL 32502	Name — Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS $61.25 (NOT $52.50)
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BELL, CAFFEY 6073 SPANISH OAK DRIVE PENSACOLA FL 32426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CONKLE, DAVID M 3080 BLACKSHEAR AVENUE PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BOND, MARY 131 W INTENDENCIA ST PENSACOLA FL 32502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES TURNER, ED 131 W INTENDENCIA ST PENSACOLA FL 32502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOLEY, PATRICK FATHER 140 W GOVERNMENT ST PENSACOLA FL 32502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caffey D Bell 1 Feb 06 850-501-5476
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)